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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH MEPE OR BRIENTS 87 ardin 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH June 7, 1923 White Male 63 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED U.S.A. North Carolina 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE)
Chauffeur Trucking 136 COUNTY 13e.STREET ADDRESS / ZIP CODE N. Carolina Guilford Greensboro 923 Plantation Farm Rd. YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Meeks Jesse Amos Laura 17 INFORMAN Eden, N. Carolina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 27288 Fair Funeral Home, P.O. Box 337 WWXXX Yes 244-38-5680 18 CAUSE OF DEATH (Enter only one couse per live for (a), (b), glidace
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a), stating the CONSEQUENCE OF underlying cause last. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that ## (this haspital) attended the deceased from and that in (any) (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN Jan. 29, 1987 Overlook Edner, Rockingham 250. DATE REC'D. BY REGISTE ROBERT C. ALTENBURG FUNERAL HOME, INC. DHMH - 16 60M 7/B4 6009 Harford Rd., Balto., Md. 21214 (VRA 15, 4)

STATE OF MARYLAND

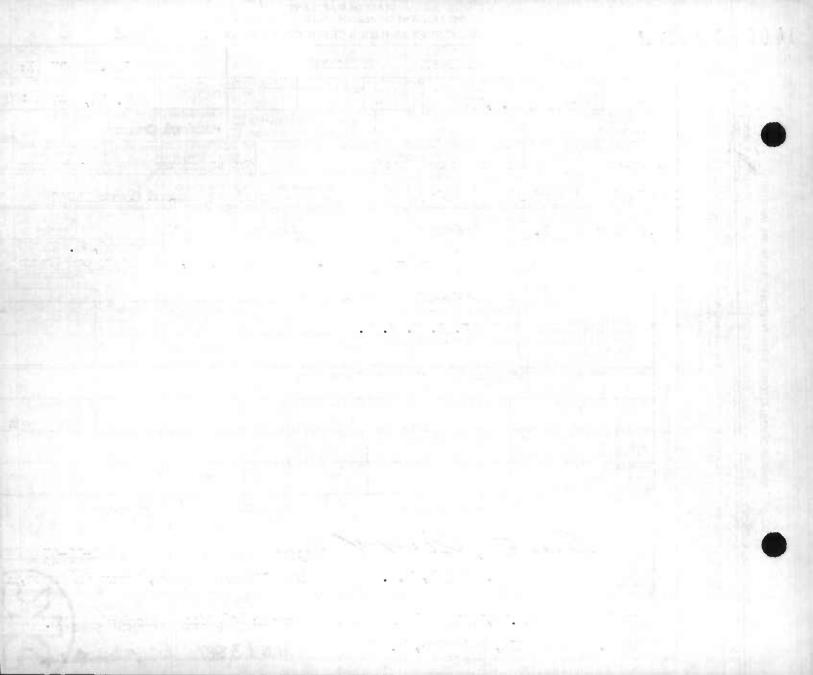
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REGISTRAR DECEASED NAME 2a. DATE KNOWN DAY 7b. HOUR MONTH TTYPE OR PRINTI OF ESTIDEATH MATED X Jan. 12 FOR YOUR FILES.

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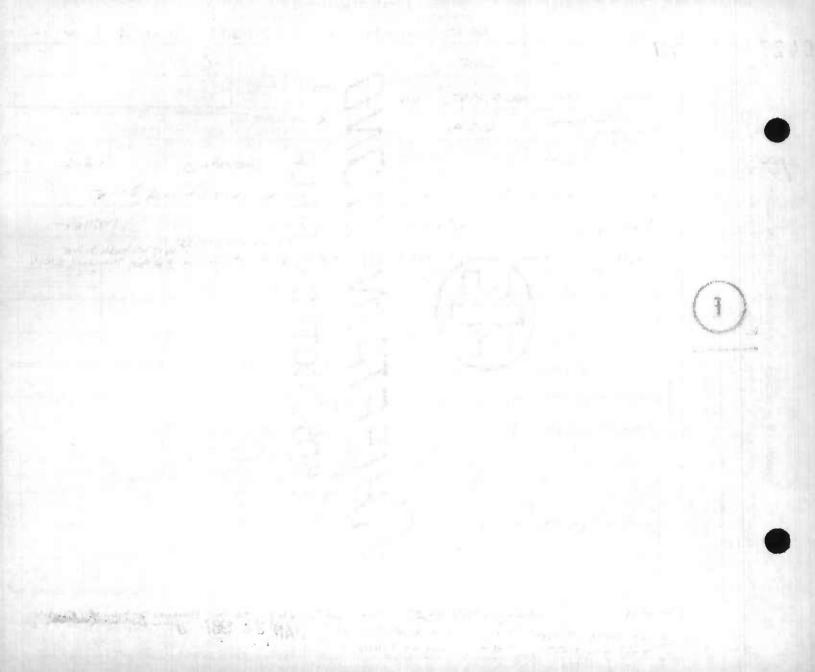
JUNITHIN 72 HOURS

W PRESTON STREET. NORMAN CARROLL ANDERSON 3:00 fa HOUR 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 3 SEX IF UNDER 1 YR. PRONOUNCED Male White Jan. 12, 1987 DEAD FEb.4,1930 56 CITIZEN OF WHAT COUNTRY? 1 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY! Harford County Maryland DIVORCED USA IB. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Edgewood Crestwood Court Truck Driver Manufacture USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Harford 13d INSIDE CITY LIMITS? LIMITS? 13. STREET ADDRESS NO IX 325 Crestwood Court 21040 30 STATE Marvland Edgewood 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST EIRST T. PAGES I AND DIVISION OF VI William Ella Anderson Jessie Morris In WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT ADECGewood, Md. 21040 LIF YES GIVE WAR OR DATES! 217-24-5066 N. Elizabeth Harmon, 325 Crestwood Court Korea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which A. S. C. V. D. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A BOF HEALTH 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THE CHIEF DIVISION OF VITAL WRITING THE COMPAGE 3 SHOULD BE UT YES NO X 21a EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Te PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFFRADEATH, WITH THE STATE DE BAILLINGRE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 228 I certify that I took charge of the remains described above, held an Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER Luis E. Renjel, M.D. 464 Alliance Street, Havre de Grace, Md EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION STATE Jan. 14, 1987 Belair Memorial Gardens Bel Air Harford Md. Burial 24. FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 3 (VR A15 ME (5) 20M 4/82



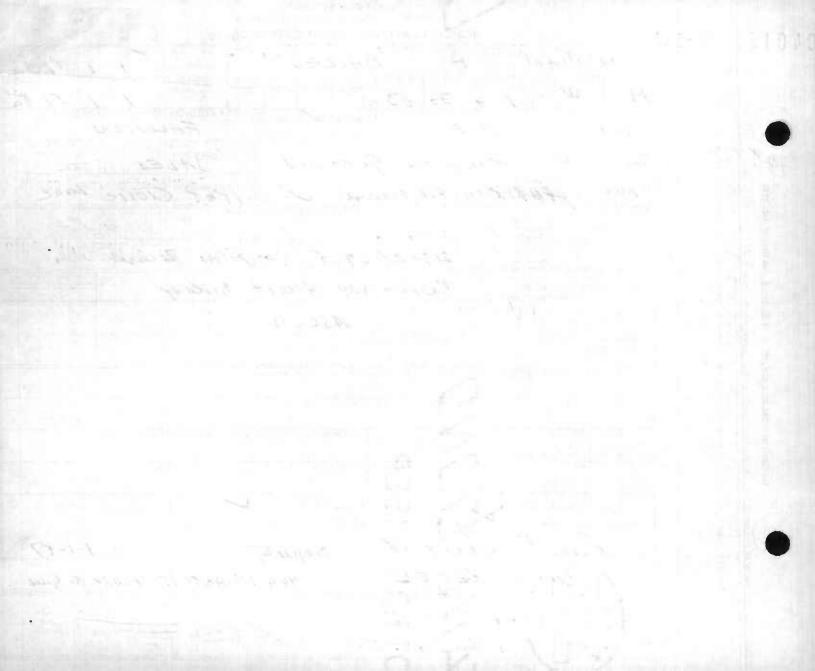
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE KNOWN X DAY MONTH 2h HOUR ESTI-E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS ATKINSON FEE NANCY DEATH MATED 1-19-8710 4 RACE 3 SEX 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED :25P 1-19-87 FEMALE White DEC. 8, 1942 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED woodland WIDOWED DIVORCED Harford County FILED. IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Fallston General Hospital OR INDUSTRY FOR MOST OF WORKING LIFE) GIVE PAGES 1, 2, AND 3 TO THE FORM PM 3. RETAIN PARPAGES I AND 2 SHOULD BETTINISION OF VITAL RECORDS, 2 OFFICE Fallston (2047 SECRETARY USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13g STATE 13c. CITY OR TOWN 1417 WABASH DRIVE 21014 Harrford Co. BEI Aric maryland NO M 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MilhElm LEroy MAZIE 17. INFORMANTHUSBAGO 676-8175ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 1 LIF YES, GIVE WAR OR DATEST 1417 Wabash Drive 212-40-6739 Mr. Joseph R. Atkinson BE Ain Maryland 21014 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PRESTON ST., PART I DEATH WAS CAUSED BY: Acute carbon monoxide intoxication IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ E 3 SHOULD BE L DEPARTMENT C 11 PRIOR TO BUR 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR subject inhlaed exhaust fumes from car 1-19-87 0 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) 1417 Walbash Drive TOBel Air, Maryland WHILE AT WORK garage L DIRECTOR: F 4, WITH THE SI MARYLAND, Autapsy X 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Suicide X death resulted fram-Natural causes Accident Hamicide \_\_ Undetermined manner TITLE (SPECIFY) EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTHMORE, MU 1 - 20 - 87DATE Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION POUT A MAN 23 1987 RANGE OF JOHN January 22, 1987 Mh 2:00 meth. Chuk Comety 07/B4 25AA 24 FUNERAL DIRECTOR
JOSEPH WIlliam Foster 50 W. Broadway & Williams Sts **DHMH - 17** (VR A15 ME (5)) Emprisely Fritze BEL ALL MARYAND 2-1014

STATE OF MARYLAND



DEPARTMENT-OF-HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH R TREGISTRAR I. DECEASED NAME FIRST William MIDDLE Hartley LAST Bailey, Jr. 20 DATE KNOWN A MONTH (TYPE OR PRINT) WILLIAM OF ESTI-5. DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. 24 HOUR IF UNDER 24 HRS DATE PRONOUNCED Jam TO BIRTHPLACE (STATE OR P BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) HUL WIDOWED DIVORCED KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK CHEACILITY, GIVE STREET ADDRESS) Lumber USUAL RESIDENCE (IF IN NURSING 113. STREEL ALOGS Floise Lane 21040 13e STATE 13d. INSIDE CITY LIMITS? MCL YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Mitchell Hartlev Bailev Elsie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESSEdgewood Md. 21040 Susan Do 1888 Floise Lane, Yes Korea CAUSE OF DEATH (Enter only ane couse per line for (o) (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASCUD Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO T 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22e. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Notural couses Accident Homicide Undetermined manner TO FUNERAL C AFER DEATH. EXAMINER'S NAME 464 all HAVEST Havre and (TYPE OR PRINT) 236 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Jan.5,1987 Hopewell Cemetery Md. Ceci] Burial BP 24 FUNERAL DIRECTOR **DHMH** - 17 Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



	STATE OF MARYLAND
	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 2 5 0 2
1700 4400	1. DECEASED NAME OF FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY JEAR 7.6 HOUR
1 / LED 25 N 23	TYPEORPRINTI GOLDIE D. BRILL 1787 950M
E God	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 HES MONTH DAY YEAR MONTHS DAYS HOURS MIN.
ge 4	EMALE SEPTEMBER 16, 1908 78 YRS MONTHS DAYS HOURS MIN.
0 #1 9/	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
the state of	VIRGINIA USA WIDOWED DIVORCED & MD.
1.12 Y7	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 128 KIND OF BUSINESS OR
10 W 1 10 K	HANTE de Grace Hartori Menorial Hispital (RET) WAITRESS. DINER
212 hough	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  131 COUNTY  132 CITY OR TOWN  134 INSIDE CITY LIMITS?  138 STREET ADDRESS / ZIP CODE
4ND	Md. Harland Havre de Grace VES X NO 129 Blooms bury Ave. 21078
RYL.	FATHER'S NAME  FIRST MIDDLE LAST  IS. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST
W P 11/11/	JAMES HARRISON ROSENBERGER BESSIE EWING
ORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
TIMO	NO 225-12-2707 MELVIN R. BRILL, 129 BLOOMSBURY AVE, HAVRE de GRACE, M
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DHMH - 16 60M 7/84 (VRA 15, 4)	MITCHELL FUNERAL HOME, HAVRE de GRACE, MD 21078 JAN 2 1 1987



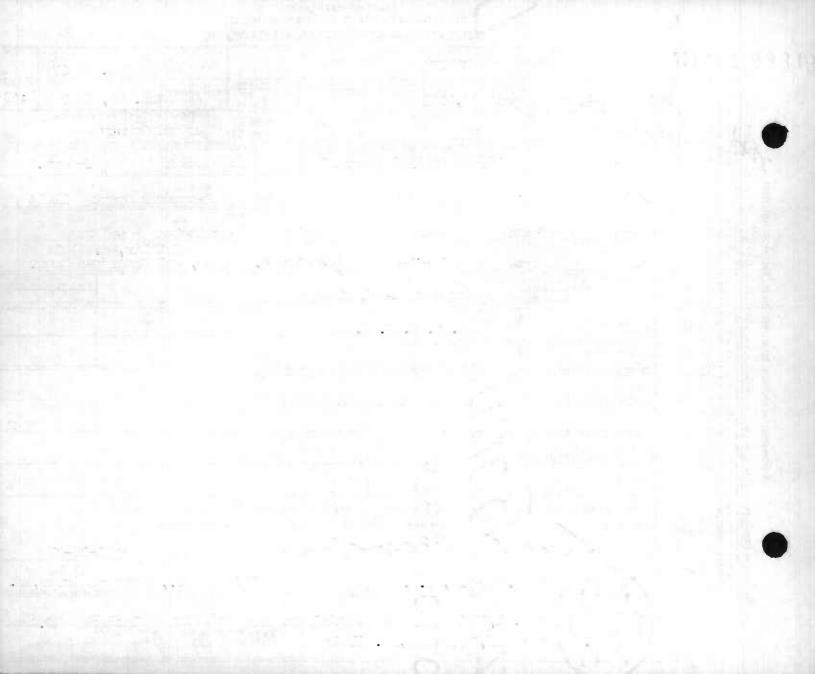
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	16 60M 7/84 A 15, 4)	JOSEPH STORE	William Fost	ier sow	Air Ma	und and	21014	JAN	1 4 1987°	Julia	Cordera	"Kindana"

STATE OF THE STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST KNOWN & DECEASED NAME 2b. HOUR ROBERT DAVID BURGER DEATH MATED Jan. 201987 2d HOUR 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE LAST BIRTHDAY Jan. 20, 1987 Male White April 10,1943 43 THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED INEVERMARRIED Harford County Maryland USA WIDOWED [ DIVORCED [ A CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS US-GOVT. Accountant Fallston General Hospital Fallston SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 113b COUNTY 13c. CITY OR TOWN Maryland Harford Bel Air 405 Sassafras Court 21014 NO X A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST MIDDLE Evelvne Antoinette Dolar Robert Charleson Burger 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bel Air, Md. 21014 (YES, NO. OR UNKNOWN) 215-42-0325 Carolyn L. Burger, 405 Sassafras Court Vietnam Yes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which A. S. C. V. D. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO ST 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural couses Undetermined monner FAGE 4 SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH Deputy DATE 1-20-87 SIGNATURE MEDICAL EXAMINER 21078 XAMINER'S NAME 464 Alliance St., Havre de Grace, Md. Luis E. Renjel, M.D. TYPE OR PRINT 23d LOCATION THE HURIAL, CREMATION, REMOVAL 236 DATE Bel Air Memorial Gardens Jan. 23, 1987 Bel Air Burial 24 FUNERAL DIRECTOR Howard K. McComas III Abingdon, Md. 21009 **DHMH - 17** (VR A15 ME (5)) 20M 4/82

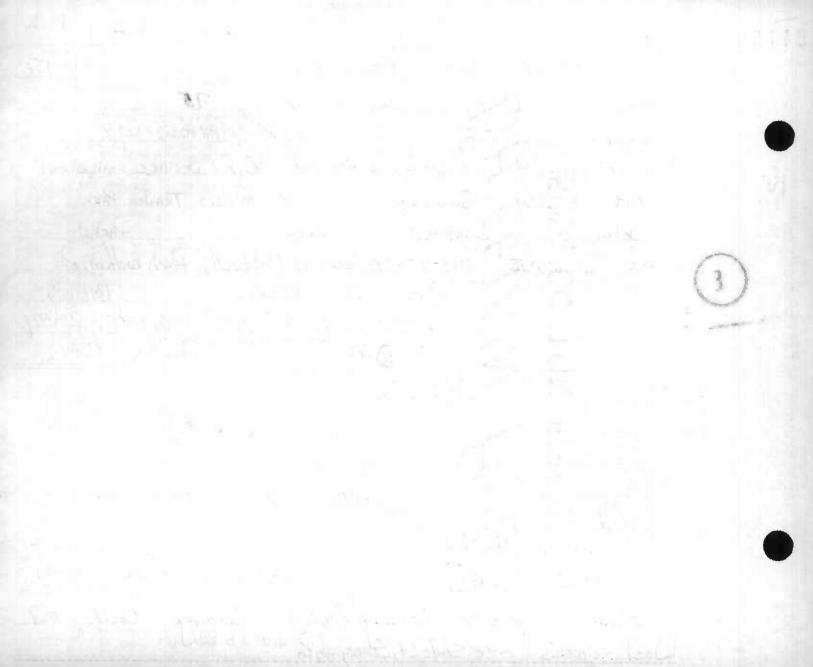


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / 20 DATE KNOWN MONTH 2h HOUR TYPE OR PRINT OF EST1 702 E FUNERAL DIRECTOR.
E TOUR FILES.
EL VITH N 72 HOURS DEATH MATED VacM 190 E. & AGE (IN YEARS 2d HOUR 3. SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 11. 1911 MARCH 75 YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED MARYL AND IO. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! HOMEMAKER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS eraleeu YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE UNKNOWN LOLA **ESTELLE** KNIGHT 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220 14 2743 JOHN W. BURKENTINE SAME AS #13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF 450UB Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Q I IFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED YES [ NO X CERT NER; THIS CERTIFICATE SICATE, WRITING THE WO FORWARDED TO THE CORY, PAGE 3 SHOULD BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM FIC I STREET CITY OR TOWN STATE COUNTY WHILE AT WORK WHILE TO MED.

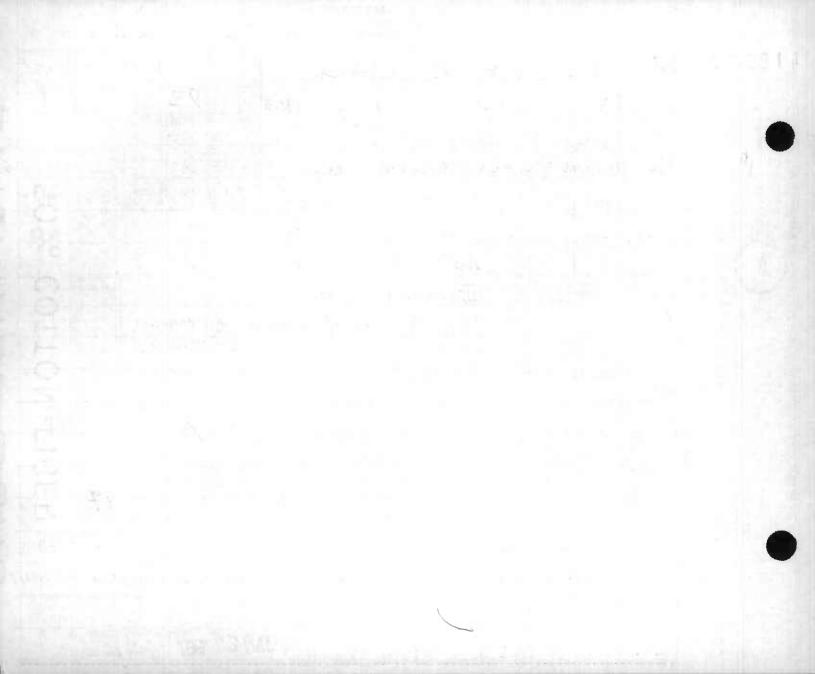
EXECUTE THE CER.
PAGE 4 SHOULD BE FOW.
TO FUNERAL DIRECTOR. PAFER DEATH, WITH THE ST.

AFTER DEATH, WITH THE ST. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide L Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY BURIAL 6JANUARY87 BEL AIR MEMORIAL GARDENS BEL AIR, HARFORD COUNTY, MARYLAND 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Aulia Davidson- Kas MITCHELL FUNERAL HOME PA, HAVRE DE GRACE, MD 21078 (VR A15 ME (5))

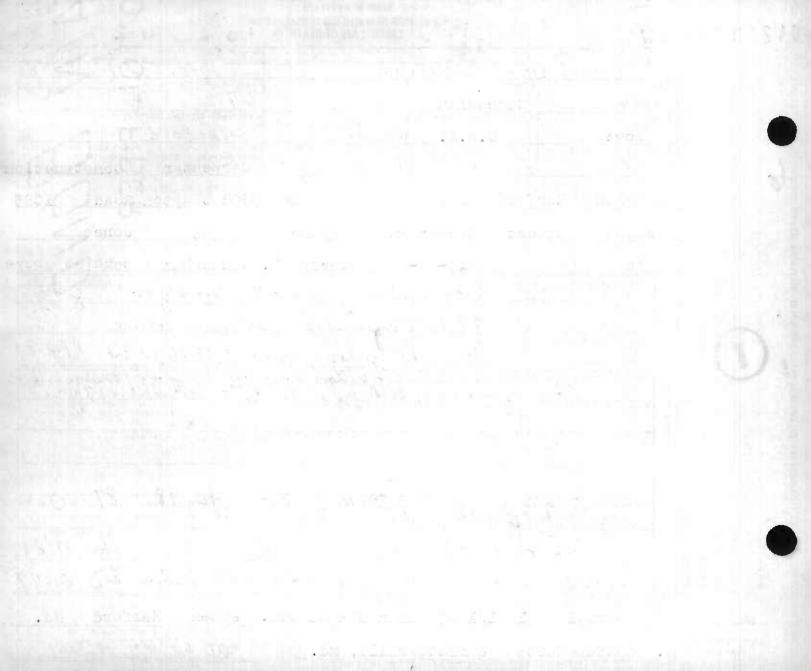




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR 1045 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 5. DATE OF BIRTH MONTHS DAYS MONTH 1903 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harford IISA Maryland DIVORCED [] WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Machanist
Electric Machanist VIP de lotaroll 13. STREET ADDRESS / ZIP CODE 64 Louise Court 21911 13d INSIDE CITY LIMITS? Rising Sun Ceci YES AT NOF Maryland EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Irene MIDDLE Ford Clark Benjamin 17 INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 64 Louise Court YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mary F Clark n/a no Rising Sun. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Infarct Cere bra IMMEDIATE CAUSE (a) Renal failure. Rul. oedoma. DUF TO, OR AS A CONSEQUENCE OF 2 days Canditians, if any, which ( Neurogenic) gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216. TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 71s PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram, saw the deceased alive an\_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nath view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d PHYSICIAN'S NAME ITYPE OR PRIM HARFORD RD, FALLSTON PAREKH 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE (SPECIFY) COUNTY Burial Rosebank Cemetery | Calvert 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 ADDRESS R.T. Foard Funeral Home (VRA 15, 4)

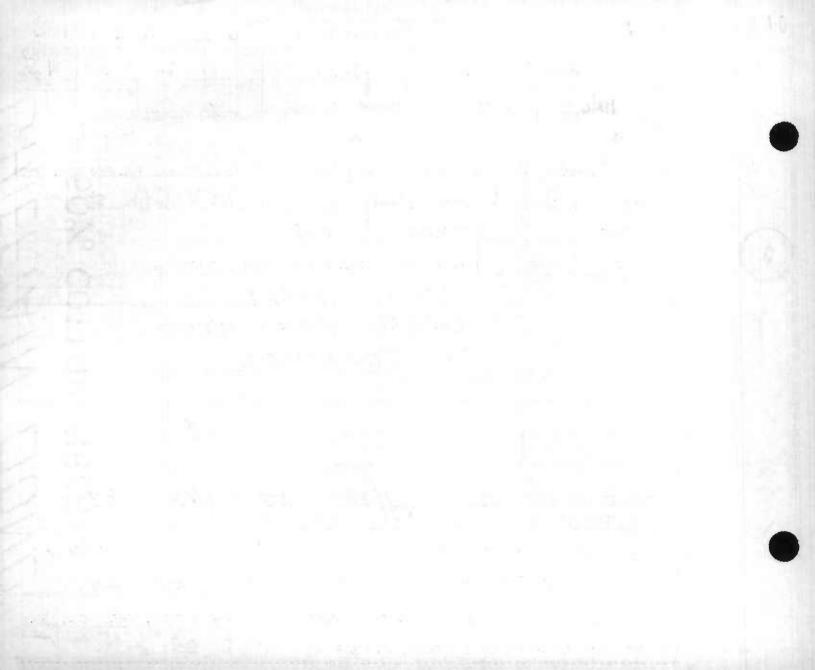


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH 26 HOUR DECEASED NAME (TYPE OR PRINT) 0 360N Cockerham 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER 1 YEAR YEAR 20 male Caucasian 70. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY DIVORCED [ 17b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY on Genera Construc 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Harford Clayton Joppa Road 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST MIDDLE Jones bert Cockerham James aura 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT No Cockerham same as above Minerva APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 136 IMMEDIATE CAUSE (a) Cute Myoundial Canditions, if any, which gave rise to immediate cause (a), stating underlying cause lost. CERTIFICATION 190 DATE OF OPERATION ML IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO [ 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING **71h TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, SIC ) NOT WHILE 220.1 certify that (1) this light and that in (my) (aur) apinian death accit and anothe date and hour and from the causes stated above (I (we) (did) did not) view the body after death DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN the the 1800 Harford 23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cem. Joppa Harford Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Gladden Kurtz Jarrettsville. Md. (VRA 15, 4)



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				STATE OF MARYLAND		
042683 FE	31~	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B /REG. NO. 0	2 1 1 3
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR 4.9
2 25	LIAME	OR PRINT) ALber	-t E.	CZU, Turcki	Jan 3	0 1907 4.00
2 86			4. RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
4 94	1. SE		1. IV. State	MONTH DAY YEAR		ONTHS DAYS HOURS MIN.
- D - D - D - D - D - D - D - D - D - D		Male	WHITE	JANUARY 31, 1917	69 YRS.	
4 427		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
1 17/0		PA	USA	WIDOWED DIVORCED		artora Mo.
10/1/1/	10 C	ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
- 1/2 CO	11	in A. Corasa	(IF NOT IN SUCH FACILITY, GIVE	· · · · · · · · · · · · · · · · · · ·	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
19/11	AMSU.	RESIDENCE I IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE		I(RET) ELECTRONICS TE	J. FED GOVT. (APG)
13226		TATE 136 COUN	ITY IZCITY OR	TOWN 134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	1
2 200		MT. 144	rford Havre		1 832 Revolution	√ >   . 21078
11/1/1	14 F/	ATHER'S NAME	MIDDLE LAS	15. MOTHER'S MAIDEN NO	MIDDLE	&AST
- HOW		FELIX	CZYZEV	WSKI FRANCES		DAWGIERT
1 1 2 2		VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRESS	01074
▼   1   1   1   1   1   1   1   1   1	- (	YES, NO OR UNKNOWN)	I 179 16	7329 MRS. JANINE PIG	CKARD 1437 STAFFORD RD	DARI INCTON MO
						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 0 440 I		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY	ARDIAC ARRES	7	BETWEEN ONSET AND DEATH
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		IMMEDIAT	E CAUSE (o)	The Acres	`	
5 # 1101		GENERAL STATE	DUE TO, OR ASPACONS	SEQUENCE OF	0.0.	
0 4 410 5	1	Conditions, if ony, which	( (b) CUP	CONTRY MICLERY	Y DISEASE	
2 4111		gave rise to immediate cause (a), stating the	DUE TO, OR AS A GONS	SEQUENCE OF	^	
1 1156		underlying cause lost.	1 WART	ERIOSCLEROS	15	
2 2 2 2 2		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART I I a
6 6 727	NO.					
11110	A	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
1 1111	CERTIFICAT	EGALITY IS			INCERTIFY	ING CAUSES OF DEATH?
40 110 4	12	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW INDIDEN OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IB PAR	
	1777	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	RED (ENTER NATURE OF INJURY IN TIEM IB PAR	REFORMACE 2)
000011	2	LIFEITHER NOTIFY MEDICAL EXAMINER		19		1.00 NO.
11 145 1/	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Of hits	-	NOT WHILE		1/20	1/2.	0 =
2 8 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		220.1 certify that (1) (this hospi	tal) attended the deceased f	from 1 80 19 X	7 to 130 1	od, that (II (we) last
15 TO		saw the deceased olive on	1150	19 and that in (my) (our) opiniar	death occurred on the date and hour	and Iram the causes stated
- 41 4711		abave, (l) (we) (did) (did na	1) view the bady after death.	DEGREE		22c. DATE SIGNED
0 2 0 30 4	100	Danton	muston	ATTENDING	MEDICAL STAFF	1/21/10
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E 1 - 2 - 3		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP		BURIAL	2FEBRUARY87	MT. ERIN CEMETERY	HAVRE de GRACE, HA	
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGISTR	AR S SIGNATURE
(VRA 15, 4)	М	ITCHELL FUNERAL HOM	E PA, HAVRE de GA		FEB 2 1987 8	in pondin house



DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399

AN 8 1987

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Biram Milua

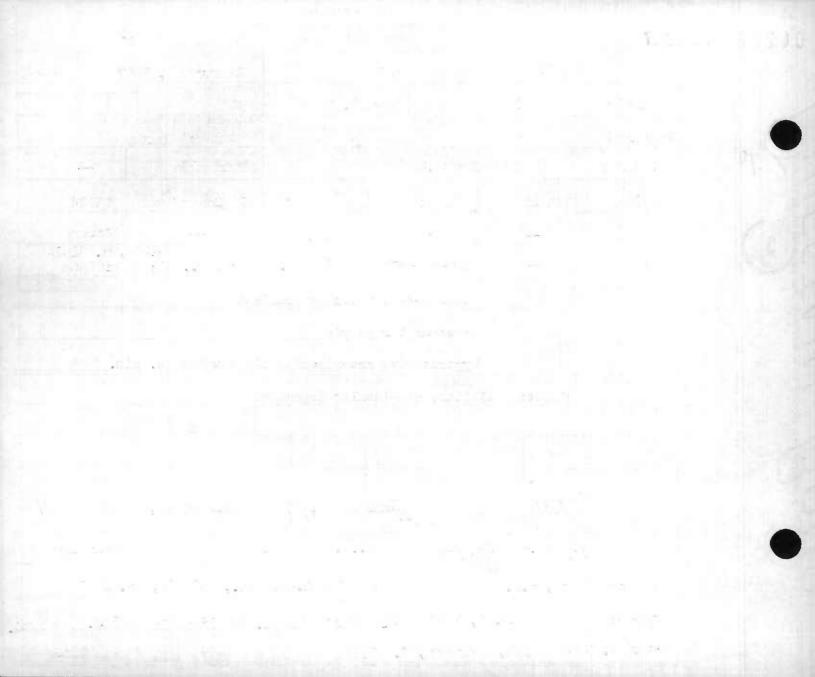


	1			STATE OF MA	RYLAND			
	1.	FOR - STATE	DEPA	RTMENT OF HEALTH A		IENE J	021	11.
1. 1 5 550	20	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO	0	
4 4 5 FEB -	L DE	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	10 11001
poge 3	1	William	Edgar	Dolan	Jr.	(JAN. 16, 487)	1 16 81	7 1035 pm
P P P P P P P P P P P P P P P P P P P	3 SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		
urs of	_	Male	White	May 13	1928 YEAR	58	YRS	AYS HOURS MIN.
2 20	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NE	VER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	•
( & d		Maryland	U.S.A.	WIDOWED	DIVORCED 📈	Hartord		MD
6/1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACILITY, GIVE STI	REET ADDRESS)	INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFET INDUST	
05	PUSU	ALRESIDENCE (IF NURSING HOME OR	PAULTON OF			Electricia	h . Cons	struction
27	130	STATE 136 COUN	NTY 13c CITY OR TO	OWN 113d. INS		13e STREET ADDRESS	ZIP CODE	1013
100	-	ATHER'S NAME	ord Con BEI Ai		HER'S MAIDEN NA		uglish Court.	- 47430
1024	17"	FIRST	MIDDLE DOLAST	IS. MOI	FIRST	EANA	Shepp	Acci
9 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFO		ADDRES MAN ADDRES	cc	
medi		YES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 217-22		F. Edua D	. 00.	+ Old English Con	and since
- ±	F	18 CAUSE OF DEATH (Enter on	ily ane cause per line for (a), (b),		- 1			ROXIMATE INTERVAL EEN ONSET AND DEATH
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prior /	S I	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
ows	E		THE RESERVE			YES NO	IN CERTIFYING CAUS	NO
8 %	1 W	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HO	W INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART	21
Item	1	OR CONTRIBUTING CAUSE OF DEA	1111	19				
100	MEDICAL	21d INJURY OCCURRED	? Ie PLACE OF INJURY		ATION	CITY OR TO	wn COUNTY	STATE
rked	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC )	SIRCEI	CITORIO	WIN	STATE
DW S		22a 1 certify that (1) (this haspi	tall attended the deceased fra	m		, to	. 19	_, that (I) (we) last
23 15		saw the deceased alive an	t) view the body after death.	and that in	(my) (aur) opinion o	death occurred on the do		
tem.		274 SIGNATURE	i) view the body after death.	DEGREE			22c DA	ATE SIGNED
*		100 y	Called m	27.	ATTENDING PHYSICIAN	MEDICAL STAF	FANGE -	
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MPORTANT		1/ Leona	e LAWS	1170		0		
X	23a	BURIAL, CREMATION, REMOVAL		BE NAME OF CEMETERY	OR CREMATORY	23d LOCATION		
,		SMCIA)	- 10 100-	Mt. CARMEL MEY		CITY OR TOWN	HARFORD COUNTY	STATE
		UNERAL DIRECTOR WINTER	-1 501H. 1300	adway & William		E REC'D. BY REGISTRAR		
60M 7/84	-	SOSEPH William I	ADDRES	5 -10 -4 -10114				

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5120011		CEASED NAME FIRST	74(2)	MIDDLE	K 3 C	LAST	20. DATE KN	REG. NO.	H DAY YEAR	26 HOU
29455		PE OR PRINT) Edu	vard	ALOYSIU	5	Doughe	of DEATH M	ATED P	23191	7/30
Diener P. Sylvan	3. SE	M RACE	5 DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDAY	MONTE		MIN PRONOUNCE DEAD	MONTH MONTH	23 y	7 3 HOU
A PARTY		DREIGN COUNTRY)	76 CITIZEN OF WH	SA	MARRI	ED NEVER MARRIE	DU H	APPORTO		AAI
Chief C	10 C	aberdeen	(IF NOT IN SUCH FAI	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)	OR OTH	er institution	FOR MOST OF WORKIN		OR INDUS	SUSINESS
AND		AL RESIDENCE (IF IN NURSING HOMESTATE M. ) 136 COL		RESIDENCE BEFORE ADMISSION 13c, CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	PANKE	57.	21001
R. MD.	14 F	ATHER'S NAME FIRST EGILLICE	MIDDLE	Davighel	SX	IS MOTHER'S MAIDEN	NAME MIDD	E Ros	COL	
ALTIMOS THE D SEE PAG SEE TORM SEGON O	160	.1	ARMED FORCES? VE WAR OR DATES!	227-12	NO.	17 INFORMANT	real pay	ADDRESS A Ai		
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly one cause per line SED BY: IATE CAUSE (a)	far (a), (b), and (c).)	CAI	RUNOMA	105/1		APPROXIM- BETWEEN ON	ATE INTERVAL SET AND DEATH
PRESTO CIL IN CIL ANSIET REMOVE		Conditions, if any, which	th DUE TO, OR	AS A CONSEQUENCE O	F	of Lun	91.			
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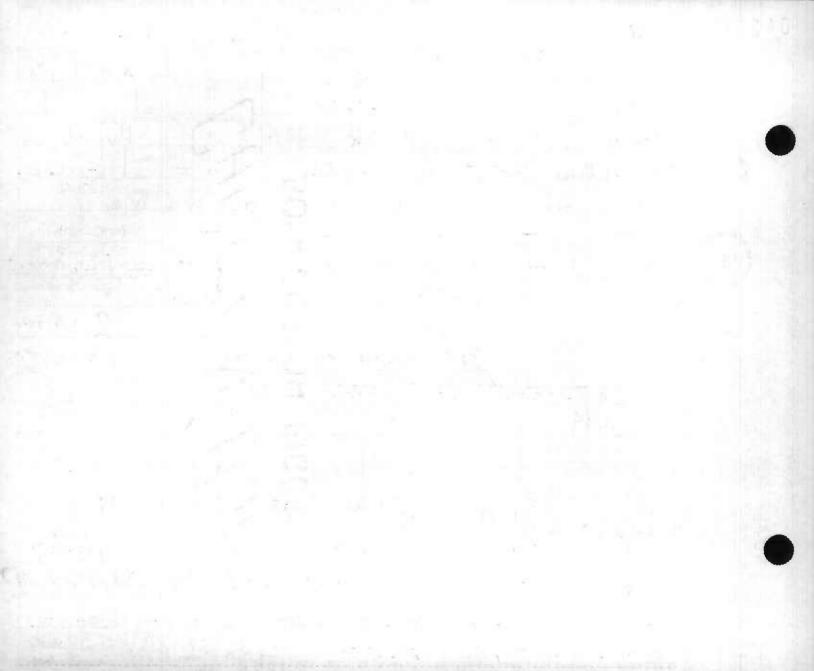


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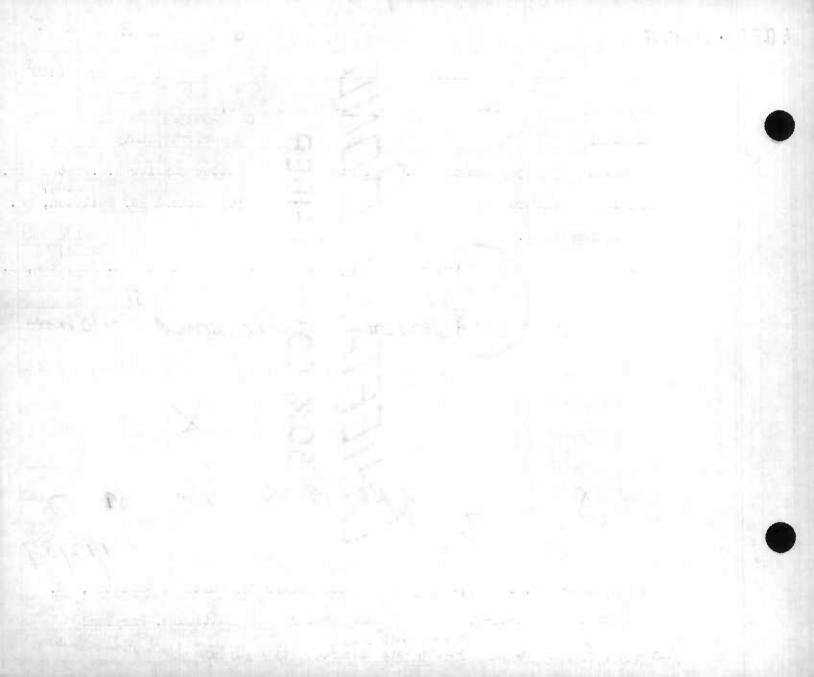
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN ITYPE OR PRINTS OF ESTI-ENDLICH, JR. DEATH MATED 19 87 PHILIP 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 4 RACE 3 SEX 2c. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 6:45 Am 10/23/69 DEAD 17 YRS Male Cauc. Th CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH A RIRTHPLACE (STATE OF MARRIED NEVER MARRIED X FOREIGN COUNTRY Md. USA WIDOWED [ DIVORCED Harford County ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY farm-2008 Old Joppa Rd. High School Joppa Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY I MITS? 13e STREET ADDRESS Chilberry Ave., Joppa, Md Harford Joppa 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOMO . 21085 LAST MIDDLE Endlish Diane Braskis Philip L. In WAS DECEASED EVER IN U.S. ARMED FORCES IAL SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) MEYES GIVE WAR OR DATES) 216-66-4154 Philip L. Endlich, Sr.same Add. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contact gunshot wound of head (unspecified wearon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICA AS A BU SALTH AN PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YESX NO . BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR XXXMONTH DAY YEAR 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 1-3-1987 Self-inflicted. 218 PLACE OF INJURY (AT HOME 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STATE WHILE AT WORK AT WORK 2008 Old Joppa Rd., Joppa, farm Harford MD AGE 4 SHOULD BE FORW

PUNERAL DIRECTOR: P

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AUTHORE, MARYLAND, 2 Autopsy X The Learning that Mood charge of the remains described bove, held an Inquiry and in my opinion X Hamicide death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 1 - 4 - 87SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Oaklawn Cemetery | Balto. Balto., Md. 07 84 Burial 25M Schimunek Funeral Home, Inc. 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 9705 Belair Road, Balto., Md. 21236





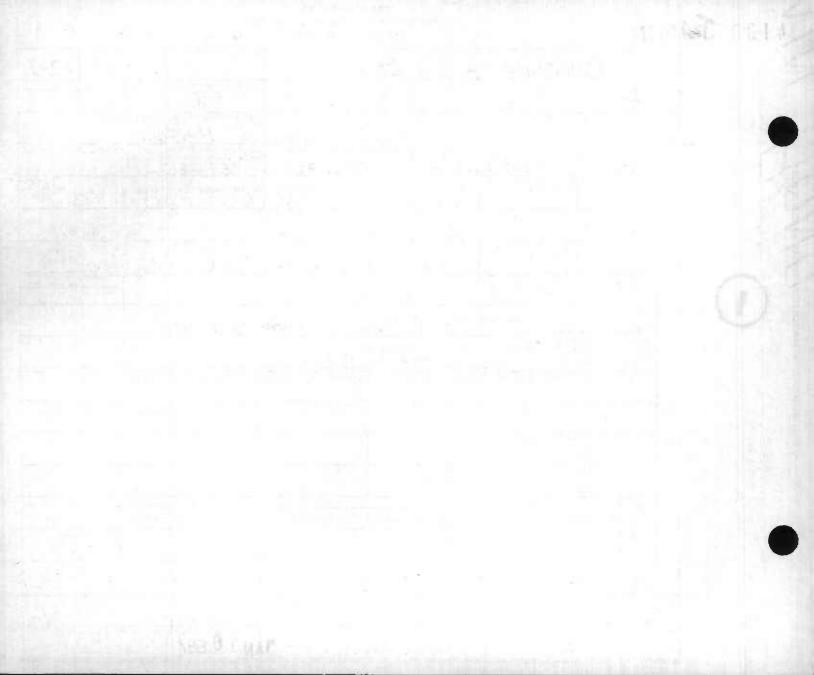






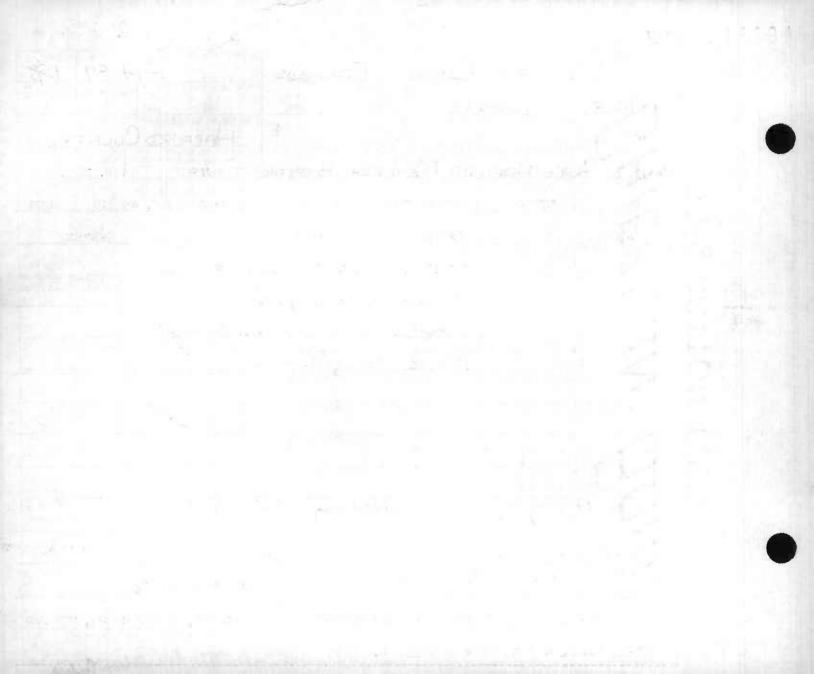
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Armen Carlo		STATE OF MARYLAND
141305 Jan	20 SPATE REGISTRAR	CERTIFICATE OF DEATH 8 7 REG. NO 2 1 2
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16/11/8	FALLSTON	HRASTON GENERAL HOSPITAL (TYPE OF WORKING LIFE) INDUSTRY
1135	124D	G HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 36. COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE RESIDENCE RES
E. MARY	14. FATHER'S NAME PICHAEL  160. WAS DECEASED EVER I	MIDDLE BLOWN IS MOTHER'S MAIDEN NAME FIRST  JENNIE  JUS. ARMED FORCES? 1166 SOCIAL SECURITY NO. 11/2 INFORMANT  ADDRESS  ADDRESS
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MG PHY other than the mod M the mod M	21d INJURY OCCURR	(AT HOME STREET EACTORY OFFICE TARM ETC.) STREET CITY OR TOWN COUNTY STATE
ATTENDA spirital or CTOR. A 1 for use of for use of the of	saw the decease abave, (1) (we) (d	d) (did nat) view the body after death.
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O HOSPI reported by TO FUNE MPORTA	22d PHYSICIAN'S NA	NONTHEONERS NO 125 N. MAIN ST BEZRIK, M.)
BP	230 BURIAL, CREMATION, F	1/17/87 Family Cemetery Surry Va.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	250. DATE REC'D BY REGISTRAR 20 REGISTRAR'S SIGNATURE



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(VRA 15, 4)



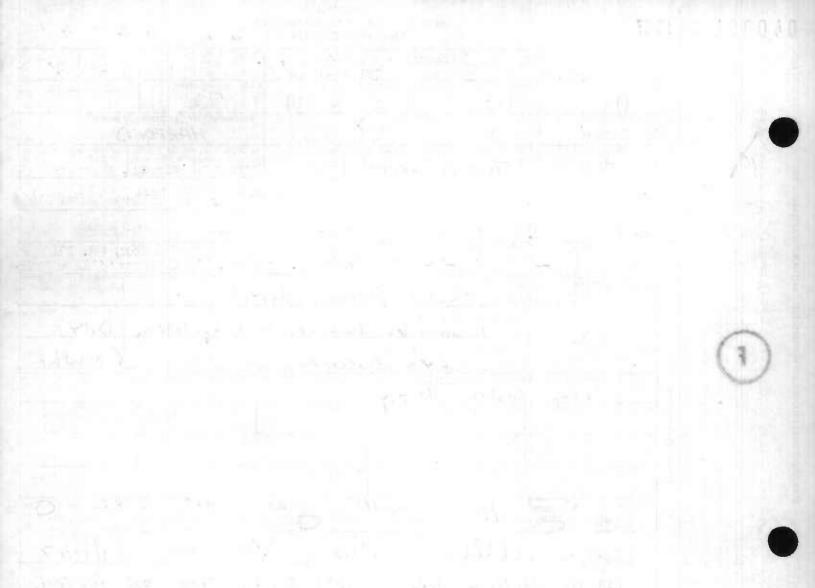
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2 22 10 1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? &	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
CA THE		PA	USA	WIDOW		HARFORD COUN'	IY MD.
7:00	III C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
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1 12/14	14. F	THER'S NAME			15 MOTHER'S MAIDEN N	AME	
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Porto for of h		saw the deceased alive an object (1) (we) (did) (did not	view the bady after dec	19, a	nd that in (my) (aur) opinia	n death accurred on the date and h	naus and from the causes stated
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Y the O detoch opte Do detoch		L'elicia Mi	peling	N	1. D - ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-28-87
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ВР		SPECIFY) BURIAL	31JANUARY87		CEMETERY	CITY OR TOWN	COUNTY STATE
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(VRA 15, 4)		MITCHELL FUNERAL HO	ME PA, HAVKE O	IE GRACE, MD	210/8		



(VRA 15, 4)



CALLS AND ALL AND ALL

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oy be		maug		an. 2, 1987	10 45am
ge 4 m ector, p	Female	White	S. DATE OF BIRTH  DIC. 15, 1903	6 AGS (IN YEARS LAST BIRTHDAY)  83  YRS	IF UNDER 1 YEAR OF UNDER 24 HRS
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AND 21:	MARKLAND 14	OME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 13c. CITY OR T ALFORD	A YES NO 13	12400 OUS MOU	N TAIN RD. /21085
MARYL ompletely	14 FATHER'S NAME FIRST	UNK	15 MOTHER'S MAIDEN N	VAME CANK	LAST
IMORE, on ond co Poges 1	(JES NO OR UNKNOWN)	S. ARMED FORCES? 16b. SOCIAL S ES. GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT Wanda Cullu	m. 2400 Old Moun	trin Rd: 1000 Med
T., BALI trificate la physicia	PART I. DEATH WAS C	ter only ane cause per line to (a), (b) AUSED BY EDIATE CAUSE (o)	RDIAC ARE	REST	APPROXIMANTINTERVAL BETWEEN ONALL AND DEATH
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RDS, equir sign Then r to b	2 Kecu	ment I [10	UKE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The low requires that it deprises be executed within 24 hours oftending physician ond completely filled in bother this certificate has been signed to the properties of the buriot-transit permit. Then pure the buriot-transit permit. Then pure the deprise of the buriot to buring the filled in buriot to b	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIP	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	NO NO
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hosp hosp hed fept ept tem	171 JGNATURE	lid not view the bady after death.	DEGREE	^	22c. DA E SIGNED
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	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)	TAPPING TUNEAN	ome, P.A., ABERBESS		AN 8 1987 Julia	Birton-Riches

24 8 197 feet Birth Birth

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

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CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME FIRST TYPE OR PRINTS OLIVIA C. GRANT 3 SEX A RACE 5. DATE OF BIRTH Aug. 25. 1894 YEAR Female White BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY Md. MARRIED NEVER MARRIED YSA WIDOWED DIVORCED [] 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITIZENS NURSING HAVRE DE GRACE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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131 CUTY OR TOWN Baltimore 13d INSIDE CITY LIMITS? Md. YES T NO I 15 MOTHER'S MAIDEN NAM 14 FATHER'S NAME Stehli MIDDLE Florence Henry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 213-14-2938 Mr. Frank L. no 18 CAUSE OF DEATH (Enter only one couse per line for a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IS wante Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NO YES 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 214 INJURY OCCURRED 211 LOCATION 21 . PLACE OF INJURY CITY OF TOWN 1/1415 (AT HOME STREET, FACTORY OFFICE FARM, ETC ) the Learning that (II (the haspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS A. M.D CITY OR TOWN COUNTY STATE Cremation Jan. 10, 1987 Westview Memorial Catonsville Balto.

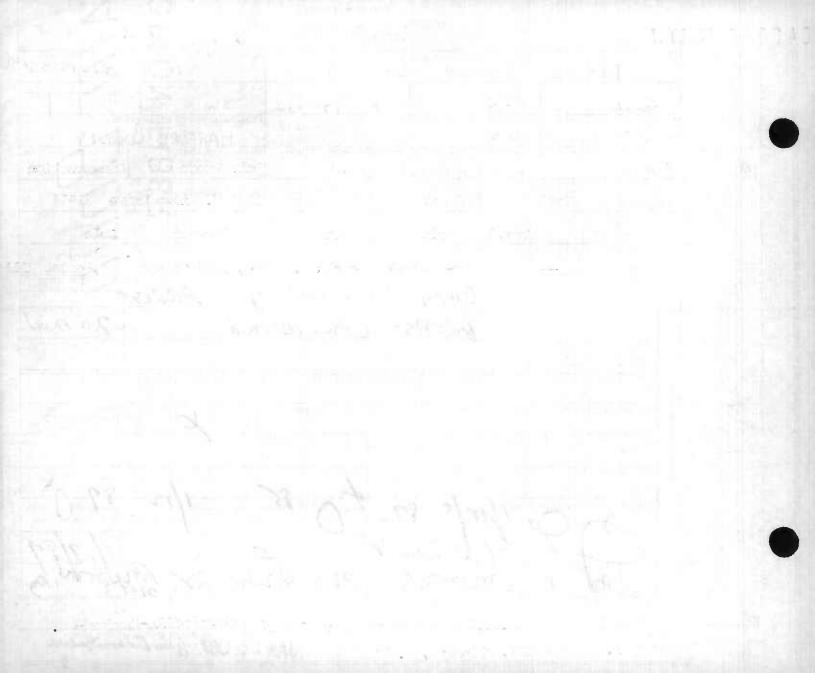
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

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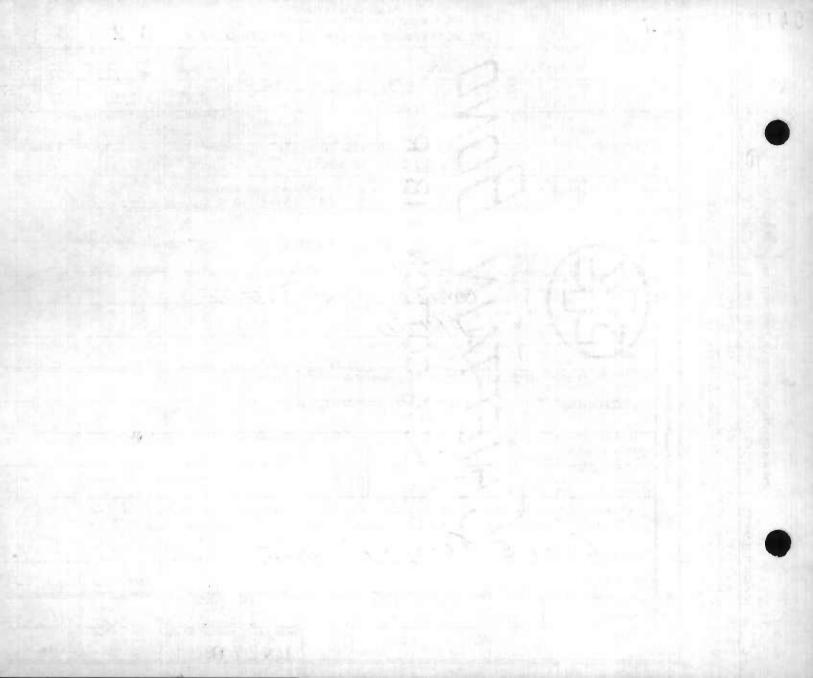
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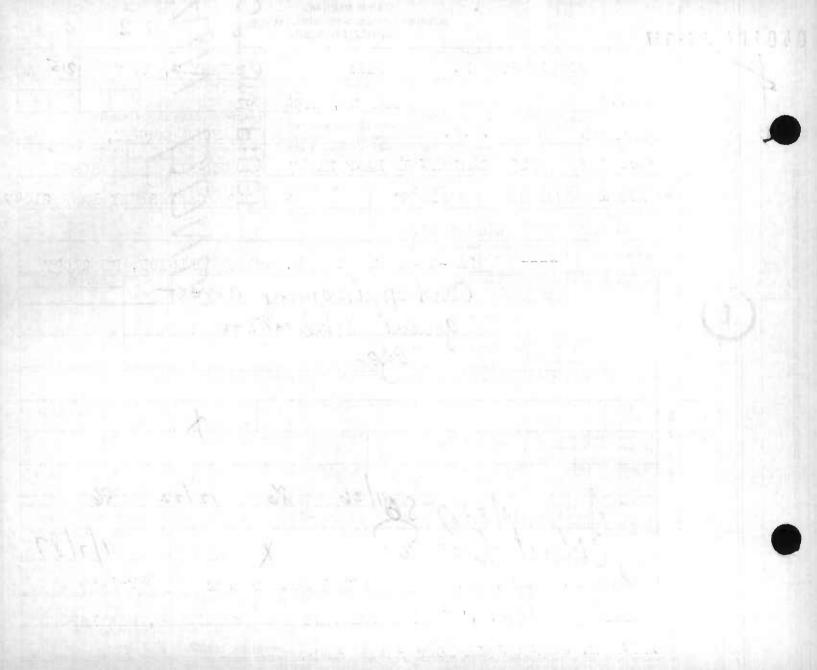
STATE OF MARYLAND 1853 JAN 129 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME Th HOUR ESTI XX ITYPE OR PRINT) **OF** Gullion Donald Andrew DIRECTOR.
OUR FILES.
V 72 HOURS
ON STREET, DEATH MATED 19 87 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 3. SEX LAST BIRTHDAY) PRONOUNCED 19 87 M DEAD 43 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED FOREIGN COUNTRY) Harford VA USA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Fallston General Hospital Laborer Const. Fallston WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 130. STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 21040 YES [ NO . 959 Topview Dr Edgewood 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST Hall Flora Conley 166 SOCIAL SECURITY NO 7 INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 1 HEYES GIVE WAR OR DATES USIT PERMIT, INC. 217-40-9026 Wife same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO ED AS A I 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK TO MEDICAL EXAMINER: IN EXECUIT THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PATER DEATH, WITH THE STABALLIMORE, MARYLAND, 2 Inspection X Autopsy 22a. I certify that I took charge of the remains described above, held on and in my apinian Natural couses Accident Hamicide \_\_\_ Undetermined monner TITLE (SPECIFY ACTUAL 1/20/87 SIGNATURE \_MEDICAL EXAMINER 464 Alliance St. Havre De Grace, MD EXAMINER'S NAME Luis E. Renjel MD (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 1 - 22 - 87Burial Bel Air Mem. Gdns. Bel Air, Harford, Maryland 07/84 25M BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D. **DHMH - 17** Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399 Devidson Pendale (VR A15 ME (5))



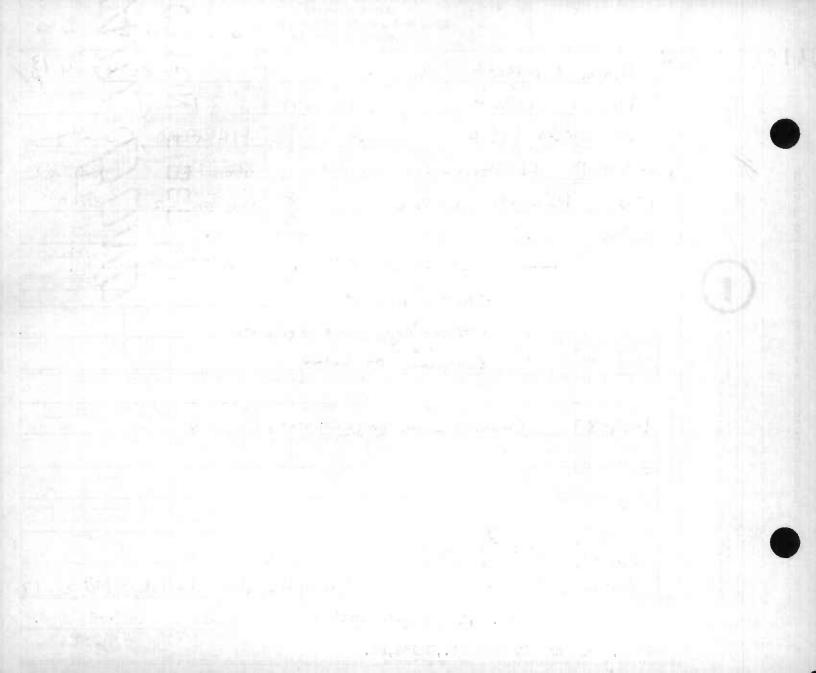
Landers Miller 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Hefner LI DECEASED NAME FIRST Harold Warder. 2a. DATE OF DEATH MONTH LIVEE OR PRINT 530 HAROLD WARDER HEFNER 87 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) May 26, 1903 Male White 83 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED West Virginia USA HARFORT WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Machinist Fallston Railroad 130 STREET ADDRESS / ZIP COPE 103 Arbutus Drive 136 COUNTY 13c. CITY OR TOWN Harford 21085 Maryland Joppa ANFATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Warder Hefner Dora Howard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Md. 21085 IYES NO OR UNKNOWNE LIE YES GIVE WAR OR DATES! Margaret E. Harvey, 103 Arbutus Drive, Joppa No none 18 CAUSE OF DEATH (Enter only one couse per line foulto), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF ? La ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC.) OR TOWN STATE NOT WHILE 27a.1 certify that (1) (this hospital) attended the deseased from sow the deceased object on the body after death above (1) we) (did) (did not) here the body after death and that in (our) opinion death occurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 224 DATE SIGNED, ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS P 4 3 = 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR W.Chester Cremation R.A. Ferris Crematory 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

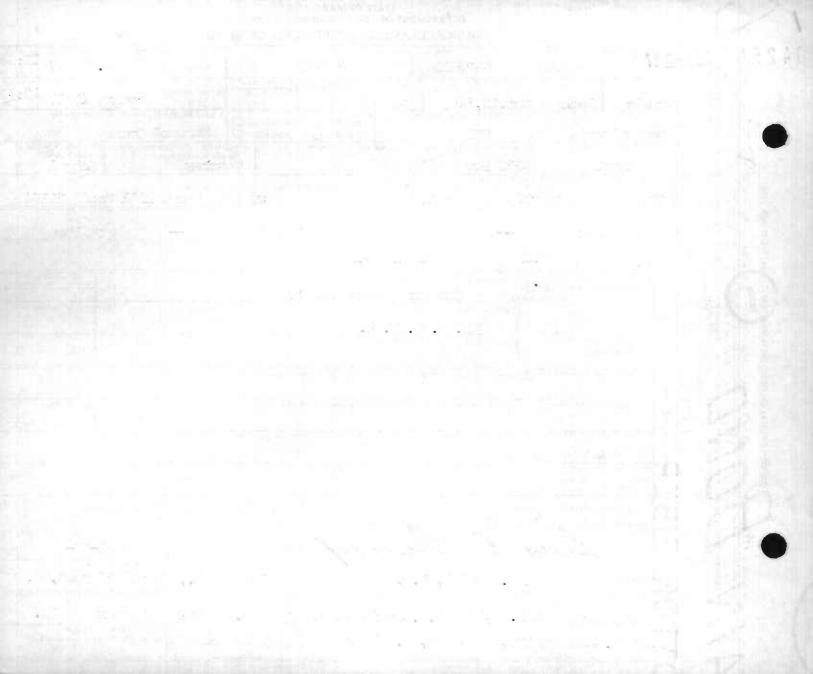
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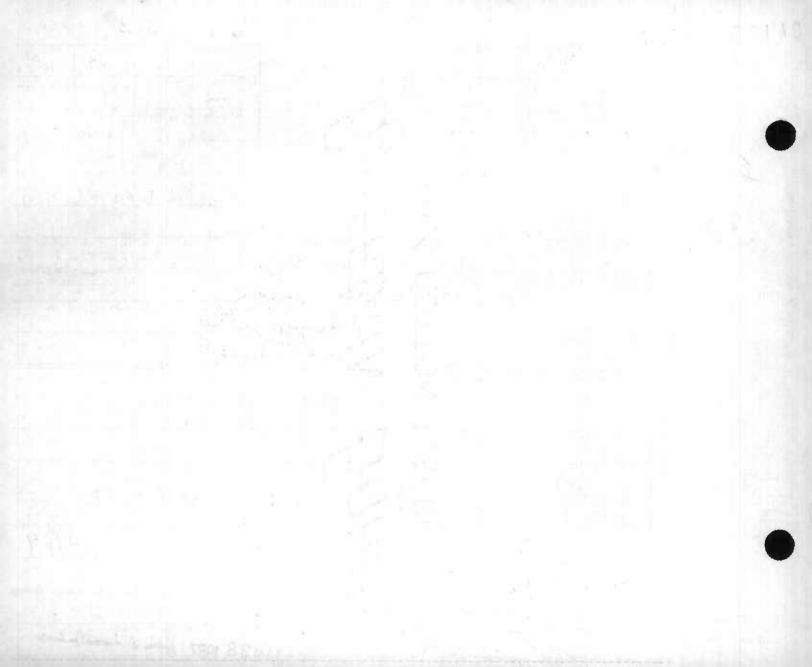
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BP	Burial Jan. 23, 1987 Dublin Southern Dublin Hai	rford Md.
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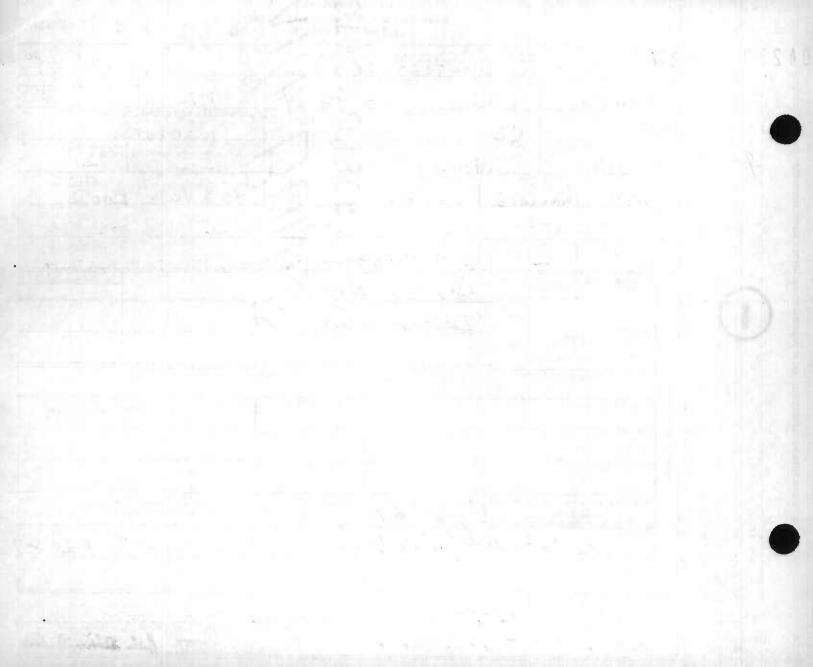
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH TYPE OR PRINT) NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET, DEATH MATED | Jan. 27 10 87 RUTH BEATRICE **JAYNES** 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 2:58 January 27, 87 DEAD Oct. 12, 1896 Female Black 90 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED T FOREIGN COUNTRY! Pennsylvania Harford County USA WIDOWED . DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 3326 Forge Hill Road Teacher Street School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Harford Maryland Street NO TH 3326 Forge Hill Road 21154 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Hamilton Hamilton. Alexander Georgie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 169-34-5260-A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH TON ST. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which A. S. C. V. D. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, FTC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE ST. Inspection X 22a I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner MEDICAL EXAMINER 21078 ADDRESS Alliance St., Havre de Grace, Md. EXAMINER'S NAME Luis E. Renjel, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Chester Pa. Jan. 28, 1987 R.A. Ferris Crematory W.Chester Cremation BP. 25" REGISTRAR'S SIGNATURE **DHMH** - 17 Howard K. McComas III, Abringdon, Md. 21009 (VR ATS ME (5) 20M 4/82



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that the centilities of by the centilities remove (certified of), crematically or ather traumatics.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	revalled Co	<u> </u>	
requires en signed Then pl or to buri	NO	PART 2. OTHER SIGNIFICANT (		ATH BUT NOT RELATED TO THE TERM		
The law ician. The law ician. The has be is permit given price shows any	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SiCIAN: Tilg physicial physicial certificate riol-transitiental Hygin them 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		YEAR 19	RED (ENTER NATURE OF INJUI	(Y IN ITEM IB PART I OR PART 2)
ottendin ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	M, ETC.)  211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
ATTENDIN ospital or CTOR: Af d for use of d for use of t. of Health		sow the deceased alive on abave, (I) (we) (did) (did no	ital) attended the seconsed from		, to death occurred on the do	, 19, that (I) (we) to
O HOSPITAL OR erouned by the hor TO FUNERAL DIRE should be detoched with the Stote Depth MAPORTANT: If her	1	226 PHYSIC AN'S NAME TYPE O	Central Jan D	DEGREE  ATTENDING PHYSICIAN [  22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)		ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	74 5	Burial.  UNERAL DIRECTOR	Jan. 29, 1987 Mour	tain Christian Co	M Joppa TE REC'D. BY REGISTRAR	Harford Md.
DHMH - 16 60M 7/84			as III, Abingdon,		AAL 2 0 4007	Man and Aller de



1					STATI	OF MARYLAND				
1.	FOR TATE			DEPA			GIENE 8 7	0 2	2	3 1
38	EGISTRAR	Doro	thy	Cather	ine Jo	SWICK			VEAR 1	IN HOUR
	manda a	FIRST	,	MIDDLE	7-5	1011	20. DATE OF DEATH		-07	C36 A
3.56			A RACE	Ca	S DATE C	FRIRTH	6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
1.00	E.		1.	1200	MONTH	DAY YEAR	63		THS DAYS	HOURS MIN.
7a BI		FOREIGN			SA5 8				DEATH	
	OUNTRY	27-2	2.0		MARRIE		11.	0	1	MD.
		ATH			SING HOME C		120 USUAL OCCUPATI	ON I	12h KIND OF	BUSINESS OR
Ho	vre de Gi	race	Hart		4 4	al	Housewife	WORKING LIFE	Hor	ne
		ING HOME OR	OTHER INSTITUTION	134 CITY OR T	FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
		Hari	ord	Aberde	en	YES NO		Street	210	001
14. F.	THER'S NAME	dam	MIDDLE	Deford				Dieta	LAST	
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	PART I. DEATH W	AS CAUSE	D BY	CONOLA		sulus It	montores		6 de	NSET AND DEATH
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			DUE TO.	OR AS A CONSE	OUENCE OF				14.	
	underlying cause	last	(c)_	•						
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110	IS DATE OF OPERA	abell	110h CON	LULU FOR WH	ICH OPERATIO	N WAS PERFORMED	20n AUTOPSY?	T206 IF YES, W	FRE FINDING	SS LISED
19	DAIL OF GIERA		176. COTA	J11101170111111	ien orekrino			IN CERTIFYIN	IG CAUSES C	OF DEATH?
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¥			SI PI		DAY YEAR					
ED			21e PLACI		SE SADA STC 1	211. LOCATION	CITY OR TO	)WN	COUNTY	STATE
2	NOT WE AT WO	HILE DRK	(A) NOME 3	TIREET, PACTORT, OFF	ice, PARM ETC )					
				the deceosed fro		, 19	, ta			nat (I) (we) last
	abave, (1) (we) (	ed olive on did) (did na	t view the bad	ly after death.			death accurred an the d	ate and haur ar		
	226. SIGNATURE	1	111. 6	Maries		ATTENDING	MEDICAL _ STA		776 DATES	IGNED
	LI VVW	p.	UV a de	STORONO			DIRECTOR   PHYSIC	CIAN		
	22d PHYSICIAN'S N	AME ITYPED								
	22d PHYSICIAN'S N	AME (TYPE O	1.1	hour 1		407 < 11.	1 Aug. 11		Gara	(Time
230	IRVI	NL	, Wac	hsman	13c. NAME OF C	4075 UN	1230 LOCATION	arge de	GRACE	e, mD.
1 4	22d PHYŠICIAN'S N 	NL	Wac 23b. DATE			4075 UN EMETERY OR CREMATORY IWN Cemetery	23d LOCATION	re Count	OUNTY	STATE
1 4	IRVI	NL	Wac 23b. DATE			wn Cemetery	236 LOCATION	re Count	OUNTY	
	7a BII C C H A A A A A A A A A A A A A A A A A	TATE EGISTRAR  DECEASED NAME  TO BIRTHPLACE ISTATE ORI COUNTRY MARY LAND  TO CITY OR TOWN OF DEA  WAS DECEASED EVER TOR UNKNOWN)  18 CAUSE OF DEAT PART I. DEATH W  Canditions, if any gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERA  210 ACCIDENT WAS UN OR CONTRIBUTING  LIFETIMER NOTIFY MED 21d INJURY OCCUR AT WAS  220. I certify that (I) saw the decease above, (I) (we) ( 22b. SIGNATURE   MMM	TATE EGISTRAR  DECEASED NAME FIRST  TO BIRTHPLACE   STATE OR FOREIGN COUNTRY) Maryland  10 CITY OR TOWN OF DEATH HAVE de Grace UAL RESIDENCE (IF NURSING HOME OR 13B COUNTRY) MARYLAND  18 CAUSE OF DEATH IE HE OR FOREIGN COUNTRY SAME WILLIAM  Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT OF  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING CIFETIMER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED AT WORK  220.1 certify that (I) (this hospin saw the deceased olive on above, (I) (we) (did) (did no 22b. SIGNATURE  MARY  MARY  MARY  10 DECEASED FOREIGN  13 DECEASED  13 DECEASED  14 DEATH MARY 15 DEATH MARY 16 DEATH MARY 17 DEATH MARY 18 DEATH MARY 18 DECEASED  18 CAUSE OF DEATH MARY 18 DEATH MARY 18 DEATH MARY 19 DEATH MARY 19 DEATH MARY 19 DEATH MARY 10 DEATH MARY 10 DEATH MARY 10 DEATH MARY 11 DEATH MARY 12 DEATH MARY 13 DEATH MARY 14 DEATH MARY 15 DEATH MARY 16 DEATH MARY 17 DEATH MARY 18 DEATH MARY	TATE EGISTRAR  DOTOTHY  1. DECEASED NAME FIRST  70. BIRTHPLACE   STATE OR FOREIGN   7b. CITIZEN OF COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH   11. NAME OF (IF NOT INS.)  LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IS LOUNTY HARTOOT  18. CAUSE OF DEATH IE HER ONLY ON OR DEATH   18. COUNTY HARTOOT  18. CAUSE OF DEATH IE HER ONLY ON OR CAUSE DEATH   18. CAUSE DEATH   18. CAUSE DEATH   18. CAUSE DEATH   19. CON    18. CAUSE OF DEATH   18. CAUSE DEATH   18. CAUSE DEATH   19. CON    19. Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last   19. CON    190. DATE OF OPERATION   19b. CON    190. DATE OF OPERATION   19b. CON    210. ACCIDENT WAS UNDERLYING   21b. TIME   100   21b.	TATE EGISTRAR  DOPOTOLY  A. RACE  White  70. BIRTHPLACE [STATE OR FOREIGN OF A RACE  WARY LAND USA  10. CITY OR TOWN OF DEATH  HAVE AC CYACE  WALLESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BE 1134 COUNTY HARFORD  13. COUNTY HARFORD  14. RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BE 1134 COUNTY HARFORD  15. CAUSE OF DEATH (IF HE OR ONLY ARE OR DATES)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SI 1272 - 30  18. CAUSE OF DEATH (IE HE OR ONLY ARE OR DATES)  19. PART I. DEATH WAS CAUSED BY [IMMEDIATE CAUSE (a)]  Conditions, if any, which gave rise to immediate cause lat, stating the underlying cause lost  Conditions, if any, which gave rise to immediate cause lat, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  90. DATE OF OPERATION  190. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH P.M.  210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH P.M.  211. INJURY OCCURRED  212. I certify that (I) (this hospital) attended the deceased from abave, (I) (we) (did) (did natiview the bady after death.)  226. I certify that (I) (this hospital) attended the deceased from abave, (I) (we) (did) (did natiview the bady after death.)	FOR TATE EGISTRAR  DOTOTHY  CATHERIS  DECEASED NAME FIRST  MIDDLE  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MATYLAND  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF OFFER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13. CITY OR TOWN OF DEATH  14. RESIDENCE (IF NURSING HOME OR OFFER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  13. CITY OR TOWN  14. RESIDENCE (IF NURSING HOME OR OFFER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  14. THER'S NAME  WILLIAM  MIDDLE  DEFORM  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. SIVE WAR OR DATES)  18. CAUSE OF DEATH IETHER ONly one cause per line for (a) (b), and (c)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  gave rise to immediate cause (a), stating the underlying cause last  19. DATE OF OPERATION  19. CONDITION S CONTRIBUTING TO DEATH BUT  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATIO  19. CONDITION FOR WHICH OPERATIO  21. PLACE OF INJURY  (A) MORE  21. PLACE OF INJURY  (A) MORE  22. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on obave, (I) (we) (did) (did not view the bady after death,  22. SIGNATURE   MIDDLE  JOS DATE OF OPERAL SECONDITION  19. CONTRIBUTING  21. PLACE OF INJURY  (A) MORE  22. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on obave, (I) (we) (did) (did not view the bady after death,  22. I SAMMAN  AMAMAN  AMAMAN	TOCEASED NAME  TO BIRTHPLACE   STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NOVEMBER 10. 1935  TO BIRTHPLACE   STATE OR FOREIGN   76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   MODITION NOVEMBER 10. 1935  TO COUNTRY! AND   10. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   MODITION NOVEMBER 10. 1935  TO COUNTRY! AND   10. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   MODITION NOVEMBER 10. SUCKE ACCUST, GIVE SUPER ADDRESS)   MARRIED   MODITION NOVEMBER 10. SUCKE ACCUST, GIVE SUPER ADDRESS)   MARRIED   MODITION NOVEMBER 10. SUCKE ACCUST, GIVE SUPER ADDRESS)   13. CITY OR TOWN   13. CIT	DEPARTMENT OF HEALTH AND MENTAL HYGINE  REGISTRAR  DOTOTHY  CATHORITO  JOSNICK  1. DECLASED NAME  FIRST  MODEL  1. ARCE  1. DATE OF DEATH  SERVICE  1. ARCE  1. DATE OF BRITH  MODEL  1. ARCE  1. DATE OF DEATH  1. DATE OF BRITH  MODEL  1. DATE OF DEATH  MODEL  1. DATE	DECATE CATHERT OF HEALTH AND MENTAL HYGIENE  CATHERISE CONTROL OF CATHER OF DEATH  CATHERICATE OF DEATH  CONTROL OF CONTROL OF CATHERICATE OF CATHERINATUTION  CONTROL OF CONTROL OF CATHERICATE OF CATHERINATUTION  CATHERICATE OF CONTROL OF CATHERINATUTION  CATHERICATE OF CONTROL OF CATHERINATUTION  CATHERICATE OF CATHERINATUTION  CATHERICATE OF CATHERINATUTION  CATHERICATE OF CATHERINATUTION  CATHERINATUTE OF CONTROL OF CATHERINATUTION  CATHERICATE OF CATHERINATUTE OF CATHERINATUTION  CATHERINATUTE OF CATHERI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  REGISTRA  DOTOTHY  CATHOLINE (SERIE)  LESE  LEGISTRA  LACE  L

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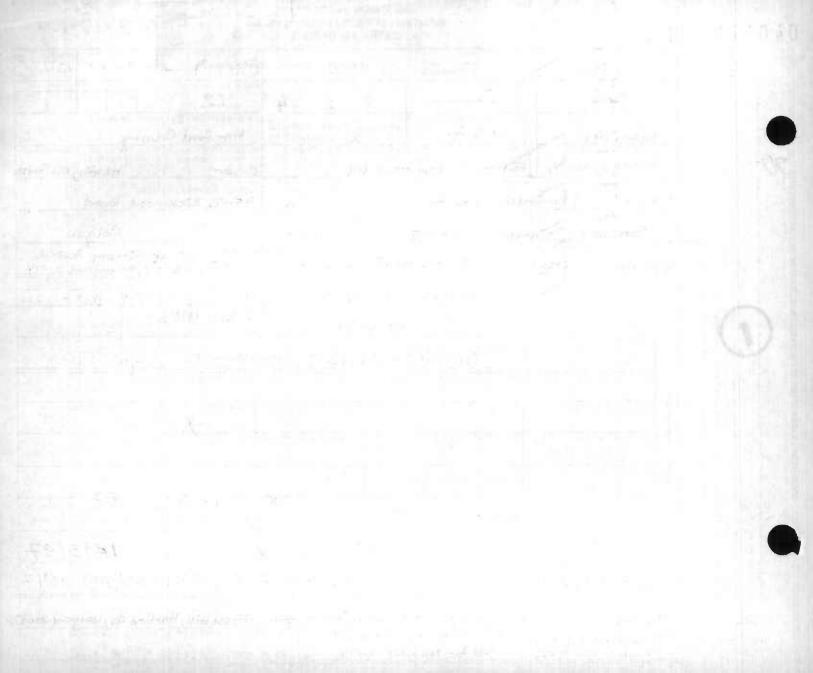
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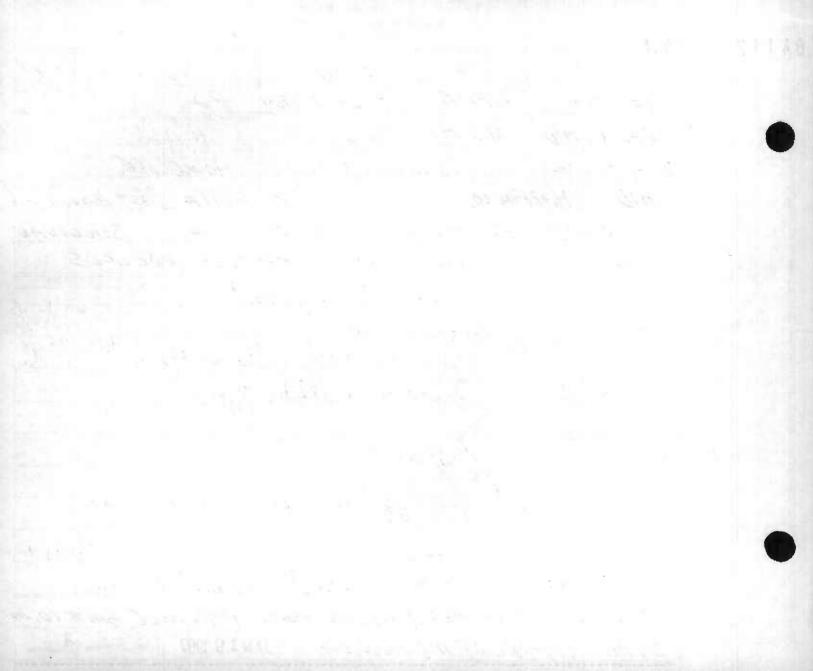
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040473 J	IAN	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / D 2	140
oy be		DECEASED NAME FIRST (TYPE OR PRINT) ROBER		s KAHOE	DATE OF DEATH MONTH DAY	YEAR   26 HOUR P   12-15 M
oge 4 mo rector. po urs ofter c		S. SEX MALE	1 RACE CAUCASIA	5. DATE OF BIRTH  MONTH DAY  YEAR  24	6 AGE (IN YEARS LAST BIRTHDAY) IF UI	NDER I YEAR IF UNDER 24 HRS. HS. DAYS HOURS MIN.
nerol din 72 hou	5	COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED A DIVORCED	BALTIMORE CITY OR COUNTY OF Harford County	<b>DEATH</b>
Sold with the first of the firs	2	EDUSTON (21047)	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVES FALL STON GENET	DRSING HOME OR OTHER INSTITUTION  STREET ADDRESS)  HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	26 KIND OF BUSINESS OR NOUSTRY HEATING OIL SALES
AND 212 filled in rould be	4	13a. STATE 13b C	OUNTY 136 CITY OR	TOWN 136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	Rund 210/4
MARYL ed within	2	4 FATHER'S NAME  STEPHEN 1	nichael Kah	E Vivian	MIDDLE	Colgan
IMORE, or execut on and co	11		CIVE WAP OR DATES	SECURITY NO. 17 INFORMAN (Sou) 83	18-5210 ADDRESS SOUTH HELD KANDE Jr. BEL ATIN M	Angelie
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death and the executed within 24 offerding physician. The low requires that the death and physician ond completely filled that the buriol-tronsit permit. Then pleas the considers. Pages 1 and 2 should though Mental Hygiene prior to buriol, criminalises, an instance. The medical exemines of them 18 shows only injury, or other transmoters, the medical exemines in		PART I. DEATH WAS CA	er only one couse per line for (a), (b USED BY: DIATE CAUSE (a) Yen the	or, and (c)	ystile (Quoliaconyn.)	BETWEEN ONSET AND DEATH
RESTON  destrict  destrict		Conditions, if ony, which		EOUENCE OF WI.	(Csudden dear)	
on or other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	sof livez, Portal Kyp		).
requires een signe it. Then p ior to bur, y injury,		PART 2 OTHER SIGNIFICA		TO DEATH BUT NOT RELATED TO THE TER!		
VITAL REC  N: The low ysicion. cote hos be onsit permit Hygiene pr	X	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	YES NO YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
ON OF VITA IYSICIAN: Til residing physician s certificate ouriol-tronsit Mentol Hygi- ir frem 18-shr		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
DIVISION ING PHY In offending of the but Ith and M Inchard of		AT WORK AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	70	CITY OR TOWN	COUNTY STATE
ATTEND ospitol o ECTOR: y d for use		sow the deceosed alive obove, (I) (we) (did) (di	ospital) attended the deceased from an analysis of the body after death.	19_87_, and that in (my) (our) opinion	deoth occurred on the date and hour one	
by the h ERAL DIR edetoche Stote Dep		226 SIGNATURE CONTROL SIGNATUR	\$	DEGREE  ATTENDING PHYSICIAN [ 1220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	121. DATE SIGNED
TO HOSPITAL retoined by it TO FUNERAL should be det with the Stote	4	B.D. PAREI	KH M.D.	1908 HARFOI	RD RD, FALLSTON	, MD. 21047
BP		30 BURIAL, CREMATION, REMO	Jan.6,1987	231. NAME OF CEMETERY OR CREMATORY SHIGHLAND CAHLOL. CEM.	POTEST HELL, HATCORD	DUNTY MARYLAN STATE
DHMH - 16 60M 7/8 (VRA 15, 4)	14	SOSEPH William Fr	Ster SOW, Broade	and a Milliams St 250. DA	TE REC'D. BY REGISTRAR 25b. REGISTRAR	SSIGNATURE

V2 65 8



1		STATE OF	MARYLAND			
FOR STATE			TH AND MENTAL HYGIEN	8 7 0	2 1	4
126 JAN 220 PEGIS		MIDDLE LAST	TE OF DEATH	REG. NO.		
DECEASED ITYPE OR PRINT	100	A 2/	//	DATE OF DEATH MONTH		26. HOUR
3. SEX	/V OR Y	5. DATE OF BII	RTH	AGE (IN YEARS LAST BIRTHDAY)	11 1981 IF UNDER 1 YEAR	IF UNDER 24 HRS
LE LE	MALE WH	176 Jul	410, 1904	82 YR	MONTHS DAYS	HOURS MIN.
70. BIRTHPLA	CE (STATE OR EOREIGN 76. CITIZEN OF	C A MARRIED L	NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH	
To CITY OR T		HOSPITAL, NURSING HOME OR O	THER INSTITUTION 120	USUAL OCCUPATION	136. KIND OF	BUSINESS OR
in Colettarke	de GRACE Har	Ford Memoria	1 Hosp. "	PPE DE WORK FOR MOST OF WORKIN	GUFE INDUSTRY	
g a d SUAL RESID	DENCE (IF NURSING HOME OR OTHER INSTITUTION 136 GOUNTY  WHITE STREET CO	4	INSIDE CITY LIMITS?	STREET ADDRESS / ZIP CO	DE T BAK	WR AU
of 2 strain of 2 s	NAME FIRST	LAST IS.	MOTHER'S MAIDEN NAME	WIDDLE	LAST	IVAN
8 160 WAS DE	CEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO. 17	INFORMANT	ADDRESS	Succ	IVAN
160 WAS DEC	(IE YES, GIVE WAR OR DATES)	216-32-1068	FAM	TILY RE	201203	5
Ill CAI	JSE OF DEATH (Enter only one couse pe	line for to 1, (b) and (c)		+	APPROXIA BETWEEN O	MATE INTERVAL
d de	IMMEDIATE CAUSE (0)	Cartroquer	noray and	2	4	ruste of
Candi	DUE TO, C	PAS A CONSEQUENCE OF	1-			weeks
gave cause	rise to immediate (a), stating the DUETO.	RAS A CONSEQUENCE OF	001 01	2 2612	4 CHF &	Asigo
To a	lying couse last (c)	ASHD ML	Bildus 13	leurd The	n'	Filler
	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	DISEASE OR CONDITION	GIVEN IN PART 110	
CERTIFICATION	TE OF OPERATION / 196 COND	ITION FOR WHICH OPERATION W	'AS PERFORMED	70c/AUTOPSY?   206. IF	YES, WERE FINDIN	GS USED
shows shows				YES NO	RTIFYING CAUSES	NO [
5	CIDENT WAS UNDERLYING		. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	HER NOTIEY MEDICAL EXAMINER)  PURY OCCURRED  21e PLAGE	M. 19	LOCATION			
All PIN AMITE THE PARTY OF THE	NOT WHILE T	REET, EACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
0 = 0	ertify that (1) (this haspital) attended th	e deceosed Iram 12 -	3/ 1986	to_1-11	. 19_87. 1	hat (1) (we) last
of H of H of H	w the deceased alive on ove, (I) (we) (did) (did not) view the bady	after death. 19.87. and the	ot in (my) (our) opinion deat	th accurred an the date and	hour and from the c	auses stated
	GNATURE COOO	DEG		AEDICAL STAFF	22c DATES	IGNED
Store	YSICIAN'S NAME (TYPE OR PRINT)		PHYSICIAN D	IRECTOR PHYSICIAN	1	287
₩ 2 0 N M	TSICIAN'S NAME (TYPE OF PRINT)	1226	ADDRESS PO B	PX 1579	0	
Flor The branch	UA DATIN M	ANITI-	01.0	1. //- 11/		
o Furthern	CREMATION REMOVAL 1234 DATE	1234 NAME OF CEME	8 LW ST )	Rouley, 116	2 2100)	
9 0 2 5 9	CREMATION, REMOVAL 231/ DATE RIAL 1-14	1987 MURBLI	8 LW ST, 7 TERY OR CREMATORY AND MEM.	PAJELVILL	( BATO	7.CO, m



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2	319	FOR 7STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH	Ö	REG.		2	į	4	2
		CEASED NAME	FIRST	٨	AIDDLE	1	A51		2a DATE	OF DEATH	HINOM	DAY	YEAR	26 HOU	IR P
			Vernor	1	J.		Kirby				1	17	87	7:1	25 M
	3. SEX	K	4.	RACE		5. DATE C		WE A D	6 AGE	(IN YEARS LAST	BIRTHDAY)	IF UNDE	R I YEAR DAYS	# UNDER	24 HRS MIN.
	1	Male		Whit	e	II	25°AY	10 YEAR	76		YRS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ź	Ta BIF	RTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER	MARRIED T	9 BALTI	MORE CITY					
1		Maryland		US	A	WIDOWE		IVORCED [		Harf	ord Co	ounty	r		MD,
1	1	TY OR TOWN OF DE	ATH 11	(IF NOT IN SUC	OSPITAL, NURSIN HFACILITY, GIVE STREET Illsboro	ADDRESS)				AL OCCUPA WORK FOR MOS Upho		LIFE) 12b.	KIND OF SUSTRY Leir	BUSINE Aut	SS OR
5	13a S	al residence dif NUR STATE [aryland	13b COUNTY Harfo		GIVE RESIDENCE BEFORE	'N	13d INSIDE YES [	CITY LIMITS?	13 STRE	ADDRES	s/zipco Labor	DE Ct.	Fal		047 on
7)	II. FA	THER'S NAME	MID	DLF	LAST		15. MOTHER	'S MAIDEN NA	ME	MIDDLE	1100	191	LAST		
(	1	John	,,,,,		Kirby		(	race		MIOOLE			Wi	nkle	9
0		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADD	PRESS	nic.			
		No	(11 163, 0176 11	An On DATES;	216-03-9	9472	Ve	rna Lasi	hley	3206	Longwo	ood (	court	t 210	084
		18 CAUSE OF DEA	TH Enter only	one cause per	line for (a), (b), on			SUA IN			THE PAR		APPROXI	MATE INTER	RVAL
		PART I, DEATH V	IMMEDIATE (		METASTAM	IC CA	NLER	TO LUN	16-	o Tue			6 M	onth	5
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	. NO	PART 2 OTHER SIG	NIFICANT COI	nditions <u>co</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	MINAL DISI	EASE OR CO	NDITION C	SIVEN IN	PART 110	)	
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		SURIAL, CREMATION SPECIFY) Buria		236. DATE 1-20-				CREMATORY al Gard		OCATION CITY OR TOWN	Ha	rfor	ď'	Mar	ÿland

DHMH - 16 60M 7/84 (VRA 15, 4)

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F. Lassahn F. H

Belair Memorial Gardens

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Maryland

24 FUNERAL DIRECTOR

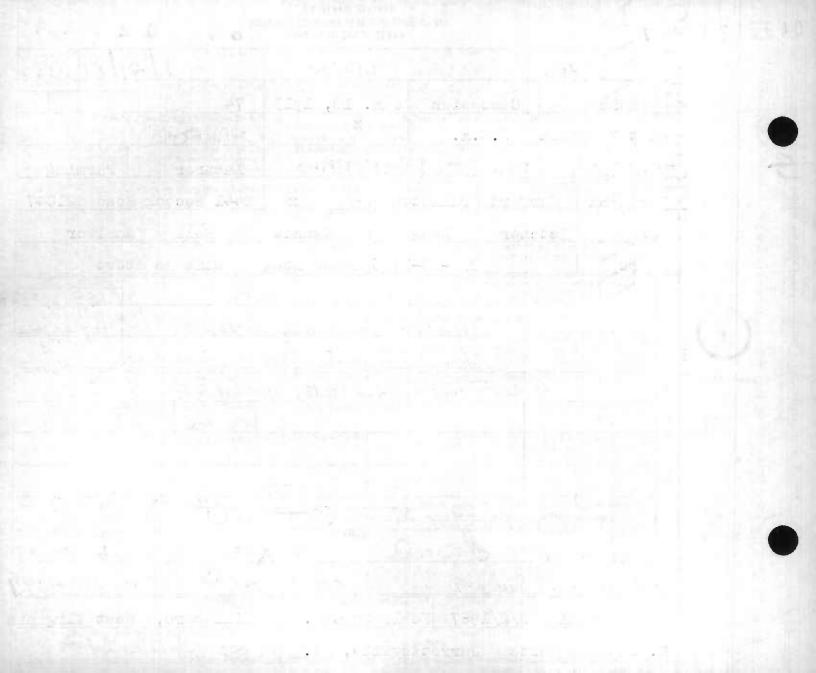
11750 BelAIK KINGSVILLE M Rd. 21087

756 DATE REC'D. BY REGISTRAR 756 REGISTRAR SIGNATURE

Jarrettsville.

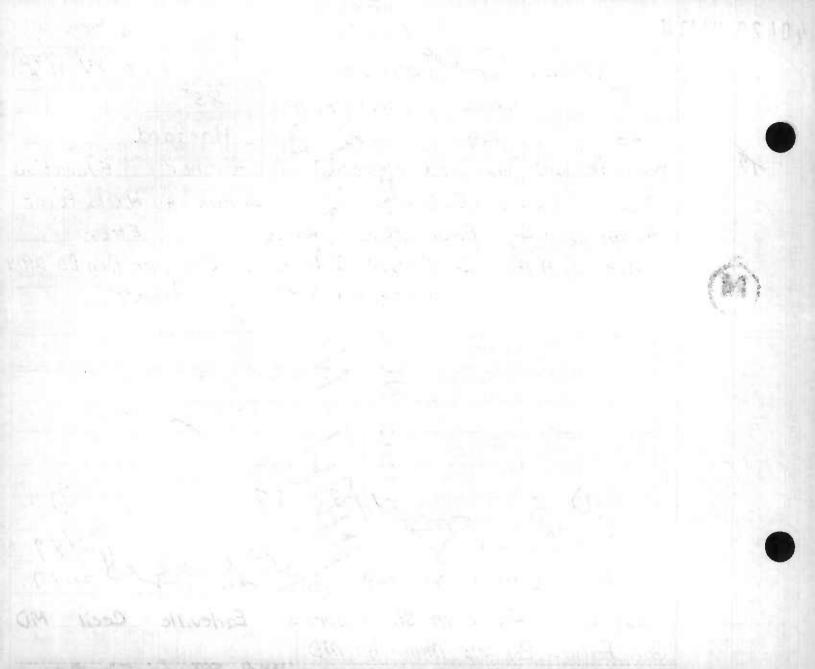
Gladden Kurtz

(VRA 15, 4)



+04	29 JA	N 12	87.	FOR STATE REGISTRAR	DEPARTA	STATE OF MAKYLAND  SENT OF HEALTH AND MENTA  CERTIFICATE OF DEATH	8 /	02145
	poge 3			CEASED NAME VORMA	Espenshan Lo	VELAND	REG. NO.	1 - 3 - 87 11 40 1 - 3 - 87 11 40
	irector. po		3. SE	F	Cauc.	Sept 6 190	01 83	MONTHS DAYS HOURS MIN.
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)RDS, 201 \	equires the en signed by Then pleas or to buriol,	injury, or of	NOI		ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1:0
AL RECO	hysicion. icote hos bei	Luc Smooth	CERTIFICATION	198 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOTE	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
DIVISION OF VITAL RECORDS.	ng pl certif certif vriol-t	Fem	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	Y YEAR	CCURRED (ENTER NATURE OF INJURY IF	LITEM IB PART I OR PART 2)
DIVISIO		morked or	MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	RM ETC)	CITY OR TOWN	
	DIRECTOR: Dept. of Hee	tem 21 is r	/	22a I certify the (I) this hospite saw the deceosed alve on above (II) we) (did   III III III 22b. SIGN) LURE		, and that in (my) (aur) op DEGREE	pinion death occurred on the date	ond hour and from the causes stated
	RAL det	IMPORTANT: IF		22d. PHYSICIAN'S NAME (TYPE ORP	PRINT)	ATTENDI PHYSICI	ING MEDICAL STAFF IAN DRECTOR PHYSICIAL	1/4/87
9	TO FUNE should be	IMPO	23a B	URIAL, CREMATION, REMOVAL	236 DATE 236 N	AME OF CEMETERY OR CREMAT	ORY 23d LOCATION CITY OF TOWN	2704)
DI	BP	7/84	24 Ft	Bural INERAL DIRECTOR	Jan 5, 1987 S	4. Stephen 5	Earleville  a. DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	(VRA 15, 4)		6	on tellows 1	30x 270 Mill.	ngton, MD		

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	الما	FOR STATE			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIEN	8 /	0	2 1	4 6
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Po Po	3. SE	X		RACE		5 DATE C	F BIRTH	6. A	GE TIN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
1 11	M	ale	A	White		12	-29-1905 TEAR		81	YRS	ONINS DATS	HOURS MIN,
1 21 120		RTHPLACE (STATE OR FO	DREIGN /	L CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 B	ALTIMORE CITY O		OF DEATH	
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1 1100		ppatown rford Co.		(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	atown, MD 2	(TY	POlice-R		INDUSTRY	F BUSINESS OR
1 1 89	USU	AL RESIDENCE (IF NURSIN	Harf	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 136. CITY OR TOWN  Joppatow	ADMISSION)	13d INSIDE CITY LIMITS	S?   13e	STREET ADDRESS / 2 Breslin	ZIP CODE		
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000		VAS DECEASED EVER II		NED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	55		
1 12 1/		0			215-10-4		William J.					
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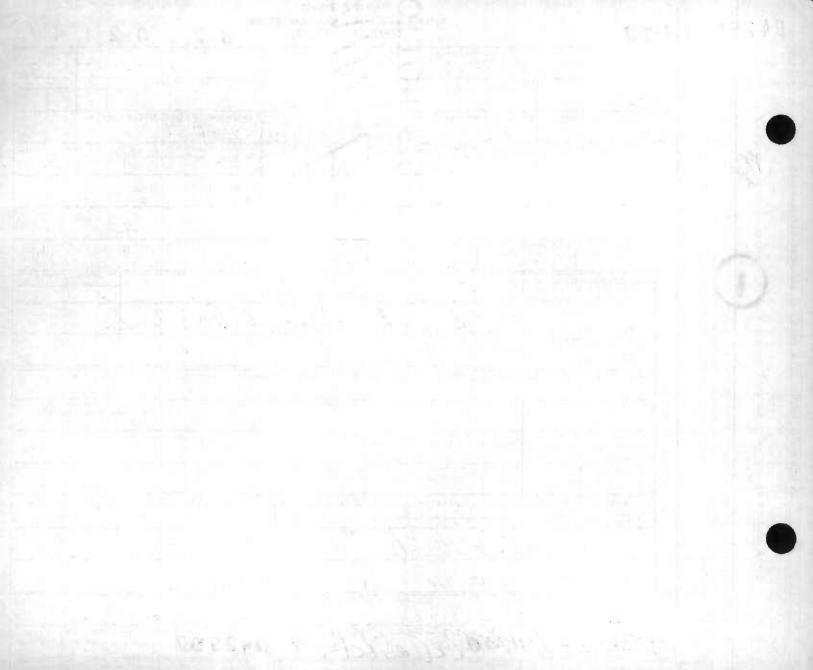
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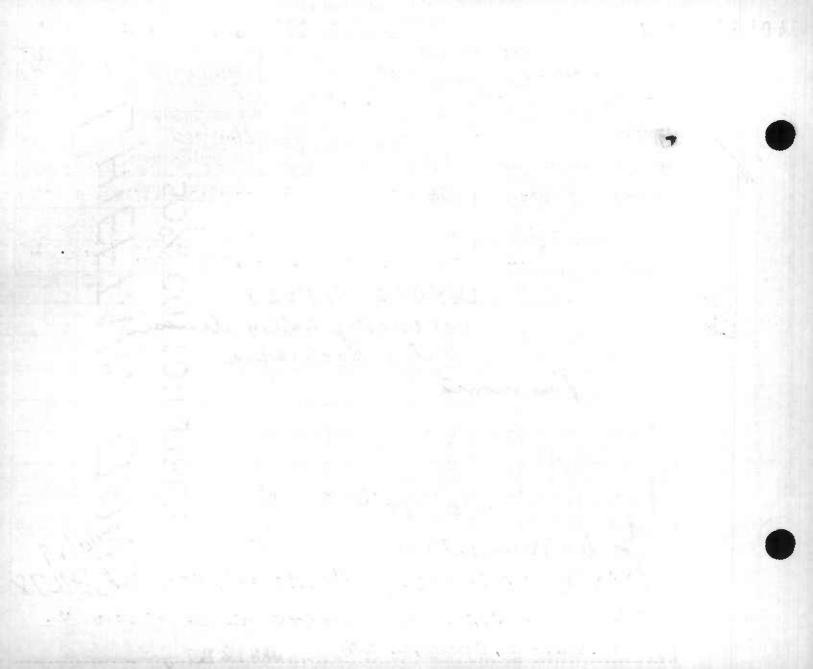
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(VRA 15, 4)

STATE OF MARYLAND





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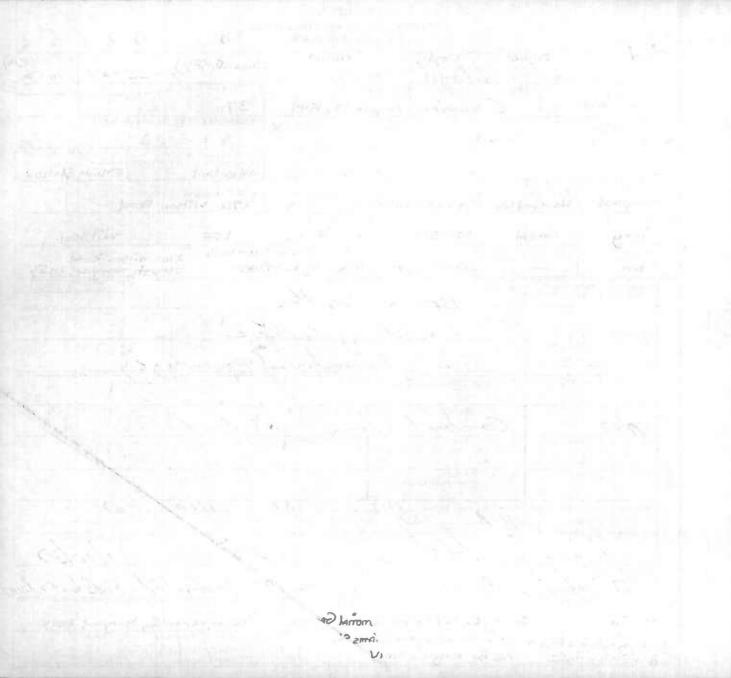
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TIMO!		_No	215-68-5	194 Mr. Joseph	E. Barkman	Box 350AA Bogalusa, Louisiana
BAL sote aper wol.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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			DUE TO, OR AS ACONSEQUE	NCE OF		10
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RECC so bee	CERTIFICATION	146 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	1	OL IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
VITAL N: The yysicion icote horonsit p Hygien 18 show	EE	210. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	1216 HOW IN HIRY OCCUP	RED (ENTER NATURE OF INJURY II	YES NO
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0 9 0 0 4		( /1	CIV	IMP ATTENDING	MEDICAL STAFF	_ // 1/27
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(VRA 15, 4)		Anaton	ny Board	Balto., Md.	7 1001	



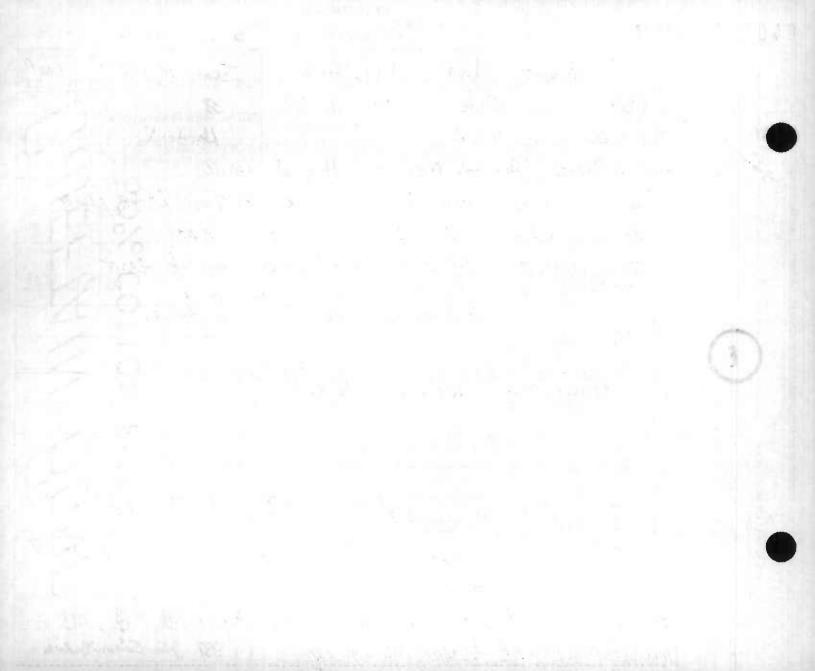
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d cg d cg icol	,		AS DECEASED EVER IN U.S.		16b SOCIAL SECU	RITY NO.	7 INFORMAN (Mother	1836-1275 VE	DDRESS	Ilson ROA	
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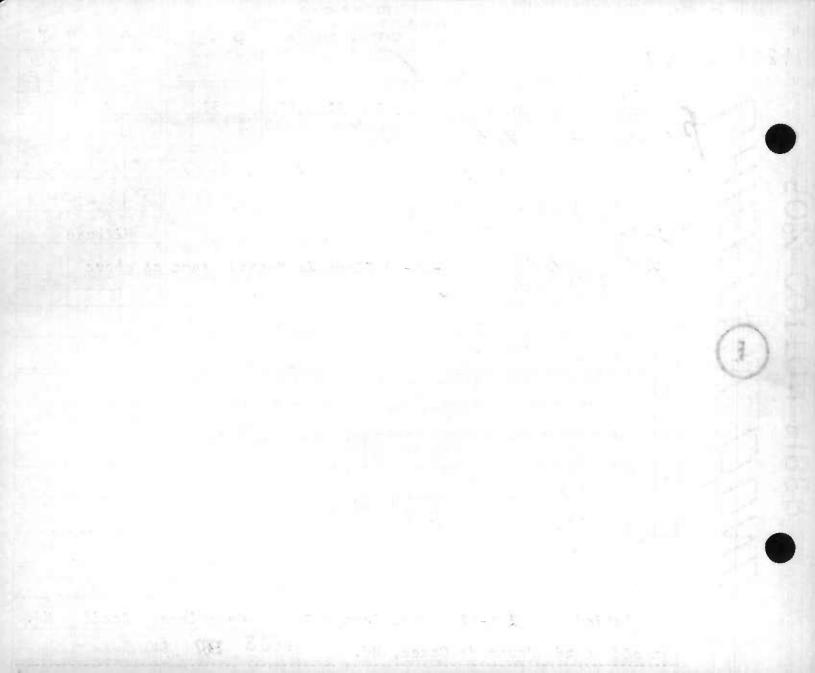


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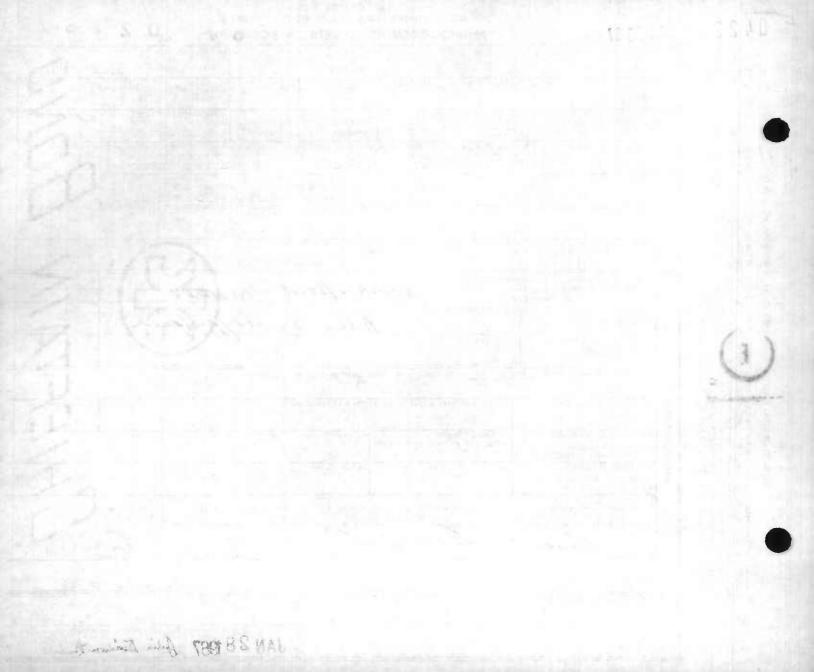
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2 00		ARthur	K.	Murray		AN 23 1981 4 PM			
4 44	1. 5E	X	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.			
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DHMH - 16 60M 7/84		INERAL DIRECTOR	ADD	RESS 25		SE REGISTRAR'S SIGNATURE			
(VRA 15, 4)	LAI	inold Beard H	avre de Gr	ace, Md.	80 1987	gulla Baridan-Karida			



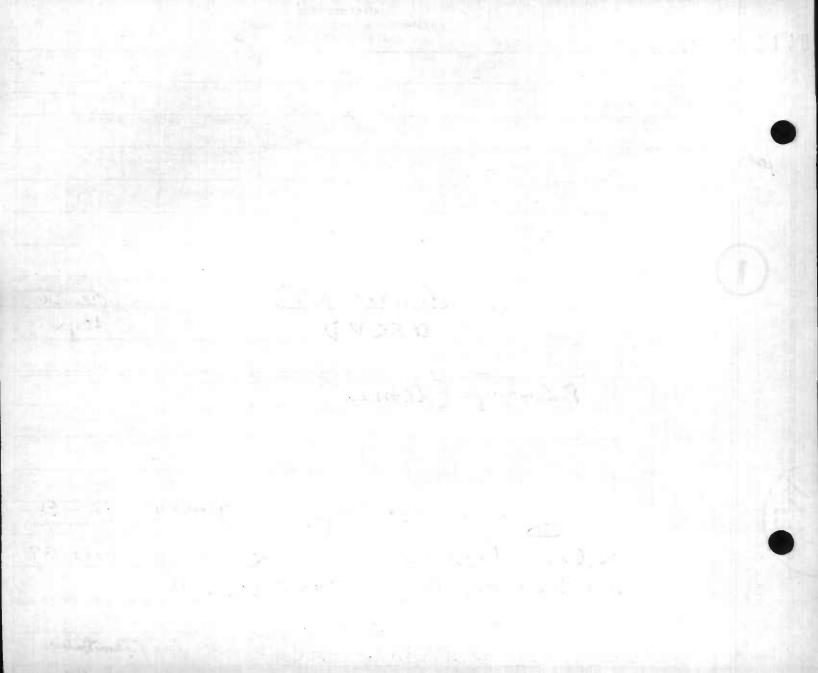
STATE OF MARYLAND 042202 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH . DECEASED NAME 20. DATE KNOWN TX MONTH (TYPE OR PRINT) ESTI-47 DEATH MATED James Н. Nelson Jr. 87 19 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS SEX DATE YEAR LAST BIRTHDAY) PRONOUNCED 5 45 M 41 YRS DEAD 19 87 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MD COUNTRY) MARRIED NEVER MARRIED USA Harford WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Fallston General Hospital Fallston Field Engineer NCR UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 130. STATE 13b. COUNTY 13c. CITY OR TOWN Harford Joppa 504 Eckhart Ct. NO X IA FATHER'S NAME 15. MOTHER'S MAIDEN NAME NELSON, SR. MIDDLE JAMES **GEORGIA** PENN 17 INFORMANT 166 SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Janice Nelson 504 Eckhart ct. 21085 219 80 3229 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE O lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection by and in my apinian death resulted from: A Natural causes Homicide ... Undetermined monner TITLE (SPECIFY) ACTUAL Deputy 1/23/87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Luis E. Renjel, 464 Alliance St. Havre De Grace, MD (TYPE OR PRINT) **ADDRESS** 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE BURTAL 1/29/87 MOORELAND MEM. PK MD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR **DHMH - 17** MARCH FUNERAL HOME (VR A15 ME (5)) 1101 E. NORTH AVE.



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	1.	FOR - STATE REGISTRAR	02158						
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Pogd C		WAS DECEASED EVER IN U.S. A 1YES NO OR UNKNOWN) (16 YES, G	VE WAR OR DATES)	-54-3295		enzler, 309	Prospect Mill Rd.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH		
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TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stort IMPORTANT.	23a	BURIAL CREMATION, REMOVA			OF CEMETERY OR CREMATORY  erris Crematory	23d LOCATION	Chester Pa.		
DHMH : 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR OWATA IK. McComa			25a DAT		SE REGISTRAR'S SIGNATURE		

246 Bell-1-BEENERAL STANFORM OF HERE ..

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH **TREGISTRAR** REG. NO 2b. HOUR LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Jan. 21, 1987 oge 3 Opdyke Joseph IF UNGER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) 4 RACE 3 SEX DAYS HOURS. MONTH YEAR Male White 924 6-76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Balto, Co. Md. Harford U.S.A. DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 26 LISUAL OCCUPATION 126 KIND OF BUSINESS OF I CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) **Fallston** Fallston gen.hospital cabinet maker Civil Service USUAL RESIDENCE (IF NURS HE HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13a STATE Kingsville 13d. INSIDE CITY LIMITS? Baltimore 12008 Jerusalem Rd. Md. 21087 YES [ NOXX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE LAST MIDOLE Opdyke Sr. Elizabeth Orris M Burns ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 12008 Jerusalem Rd YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) W.W.1] 220-14-5230 Mrs. Dorothy E. Opdyke, ves BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16: CERTIFICAT 206 IF YES, WERE FINDINGS USED 196 CONTITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES | NO | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH LIE FITHER NOTIFY MEDICAL EXAMINER 19 PM 21e. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (1) this hospital) attended the deceased from saw the deceased alive an obove, (1) (we) (did) did not view the body after death (my) (pur) opinion death accorred on the date and hour and from the causes stated and that in 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING. MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS hou 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL STATE COUNTY CITY OR TOWN (SPECIFY) 1-24-1987 Moreland Mem. Park Balto. BP Burial Parkville 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M Lie Dinding E.F.Lassahn, 11750BelairRd. Kingsville, Md. 21087 (VR A 15 (4) ) 9/74



DHMH - 16 50M 4/83 (VRA 15, 4)

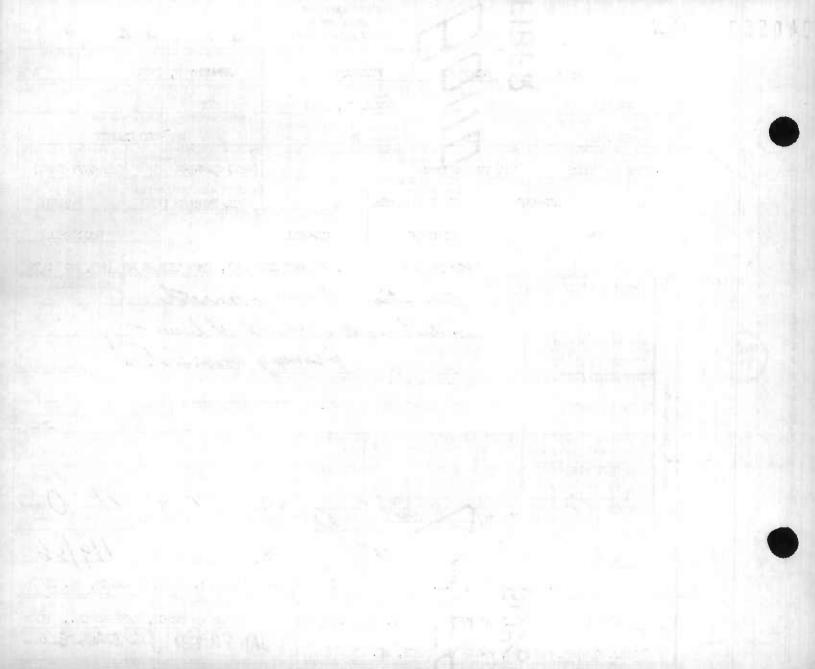
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

BURIAL 12JANUARY87 24 FUNERAL DIRECTOR

MT. ERIN CEMETERY

21078

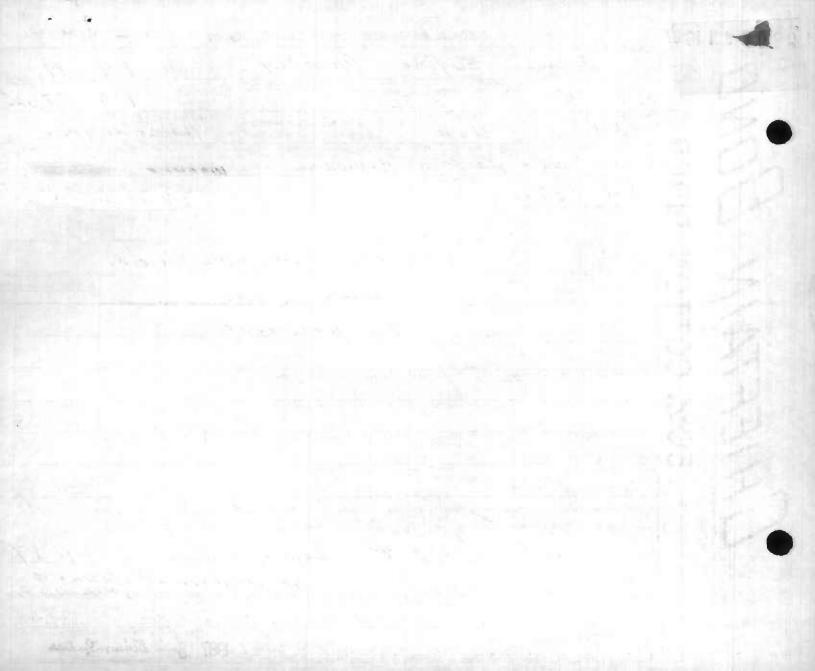
CITY OR TOWN HAVRE de GRACE. HARFORO CO.,



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR TYPE CHIPPING PILIP 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 1. SEX 5. DATE OF BIRTH DATS MONTH Female White 1903 YRS 76 CITIZEN OF WHAT COUNTRY? a BRITHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN NEVER MARRIED Cleveland, Ohio NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! House wife Home keeping SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Md. Harford Belair 955 Sablewood Rd, Apt. D./21014 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Weismiller Thoedore Goeppert Marv **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Presley D. Parris, Belair, Md, 21014 wood Rd, Apt (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214-01-3140 8 CAUSE OF DEATH (Enter only one cause per line for a), (b), and PART I. DEATH WAS CAUSED BY: mulate IMMEDIATE CAUSE il Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDIC 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ] STREET STATE NOT WHILE 22a cestify that (1) (this hospital) attended the deceased from. he deceased alive an, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated (1) (we) (did) (did not) view the body ofter death. DEGREE MI ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22 ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Burial 1-26-1987 Dulaney Valley Mem.Gar.Timonium Baltimore Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 E.F.Lassahn, 11750BelairRd. Kingsville, Md. 21087 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) LONALD Eugene ESTI-S FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE A 3. RETAIN PAGE 5 FOR YOUR FI 2 SHOULD BE FILED, WITHIN 7 YEAR LAST BIRTHDAY) PRONOUNCED 1954 Aug 12 DEAD TO CITIZEN OF WHAT COUNTRY? BALLIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY emonine Brick Laver LaheMasonry VE RESIDENCE BEFORE ADMISSIONS Construction 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CHOY OR TOWN Perryville YES XX NO 645 Cole Street 21903 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Alton E. Phinney Bailey Nancy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 146 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-684 35 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which acciden gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME. SE SE 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE 20 WHILE AT WORK 2 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian FUNERAL DIRECTO FIER DEATH, WITH TA ALDIMORE, MARYLAI Accident Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) PA-TI-230 BURIAL, CREMATION, REMOVAL 236 DATE Maryland Burial Jan 13,1987 West Nottingham Cem. Colora Cecil 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE + 50 Moress DHMH - 17 A. Patterson & Son, Perryville, Maryland (VR A15 ME (5))

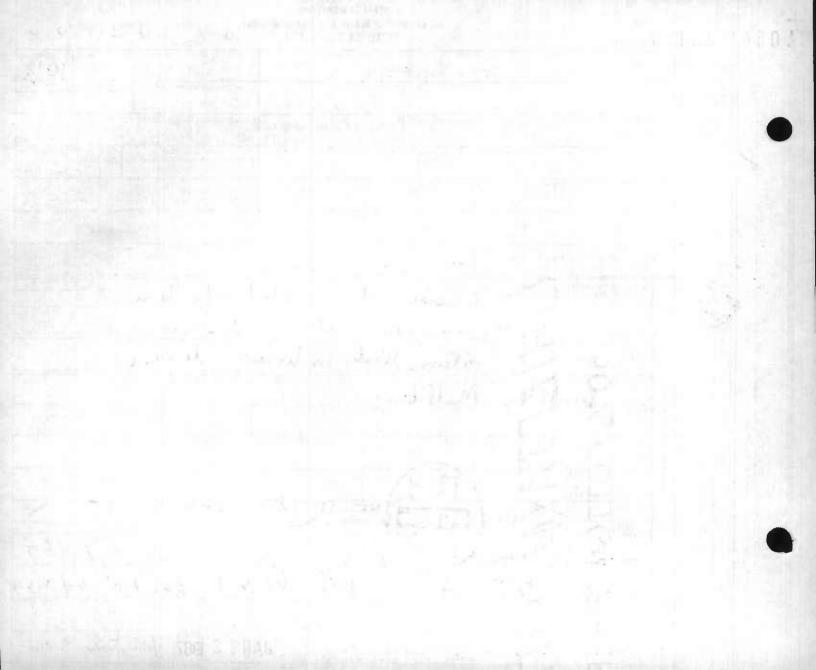


DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH D REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) 8,1987 Jan. Walter Piroa John Sr. IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 1 SEX DAYS HOURS YEAR White Male 925 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Pa BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Baltimore, Md U.S.A. DIVORCED Harford Co. 12b. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2705 Reckord Rd Self-employed Kingsville Auto Painto USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136. COUNTY 1136. CITY OR TOWN 13e STREET ADDRESS 134 INSIDE CITY LIMITS? Kingsville Harford 2705 Reckord Rd. 21087 Maryland YES [ NOX IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Piroa John Frances Szcz ADDRESS 2705 Reckord Rd. 16b. SOCIAL SECURITY NO. 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Dorothy H. Pirog. Kingsville.Md.21087 219-10-2668 no BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO OF AS A CONSEQUENCE OF whaw Conditions, if ony, which gove rise to immediate DUE TO, OR ASPA CONSEQUENCE cause (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ DIVISION OF VITAL 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) 19 211. LOCATION 21e PLACE OF INJURY 216 INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this bospital) arrended the deceased from saw the deceased give on obove, (I) (ne) (did) (did agt) view the body ofter death , and that in (my) four) opinion death occurred on the date and hour and from the causes stated THE DATE SIGNS MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 724 PHYLICIAN'S NAME COME DEMNIE ld b IMPORT, 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 73b DATE STATE Burial 1-10-1987 Highview Mem. Gardens BP. Fallston Harford 24. FUNERAL DIRECTOR DHMH - 16 25M Julia Davidson . Pandall

E.F. Lassahn, 11750BelairRd. Kingsville, Md. 21087

(VR A 15 (4) ) 9/74

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 25 HOLE (TYPE OR PRINT) Julia Ann Pohlman January 10. 1987 10 SIX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IE HAIDER TEMP 4. RACE July 3, 1902 84 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN RTHI-COUNTRY) Md. 75. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | Harford Co.. IISA WIDOWEDIXIX DIVORCED [ A CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bel Air. Md. 15 Dallam Ave. Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Harford 13a STATE Bel Air 13e STREET ADDRESS / ZIP CODE 15 Dallam Ave. 134 INSIDE CITY LIMITS? 21014 Md. 15. MOTHER'S MAIDEN NAME FATHER'S NAME Frederick Eierman LAST Katie Dittmar 165 SOCIAL SECURITY NO. 17 INFORMANT Mr. George Pohlman 552 Hampton Ln. 213 05 4187 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 476 SIGNATORE DEGREE 22c DATE SIGNED STAFF PHYSICIAN PHYSICIAN MPORTANT THE PHYSICIAN SHAME, (TYPE OR PRINT) d b 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Md. STATE Burial 1/13/87 Baltimore National 250. DATE REC'D, BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ulia Division & MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd. (VRA 15, 4)

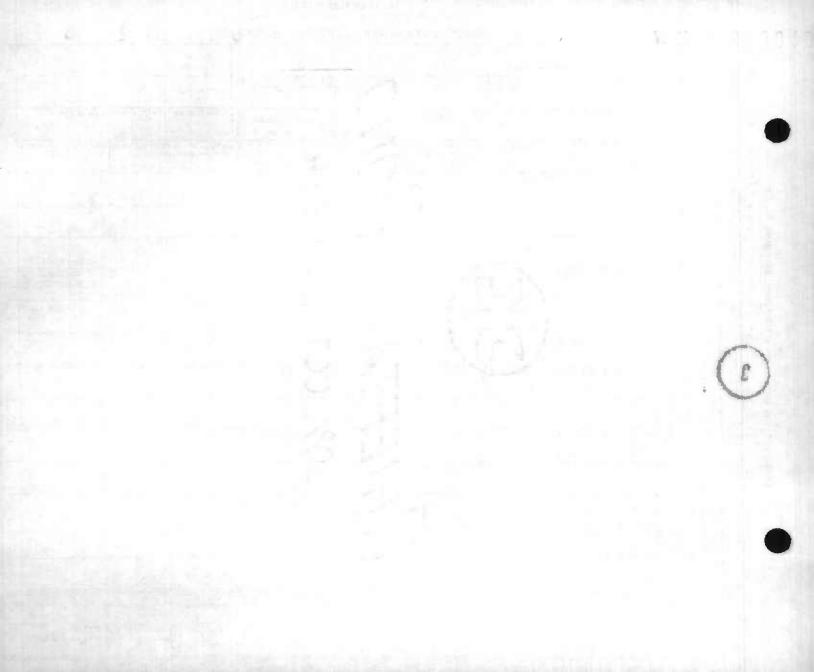
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) CHALMERS RANDOLPH ESTI-RANDOLPH OF E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

TW PRESTON STREET, DEATH MATED V. CHALMERS 19 87 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED HOURS 12,01 DEAD 198 White 19 Th. CITIZEN OF WHAT COUNTRY? 76 BIRTHPLACE **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Harford County Maryland
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) M 3. RETAIN PA M 3. RETAIN PA ID 2 SHOULD BE F WITAL RECORDS (2) Fallston Fallston General Hospital Accountant USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Harford Joppatown YES [] NO [ 340 Adair Court 21085 PERMIT PAGES I AND 2 SI GIENE, DIVISION OF VITAL VAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Vaughn F. Randolph Helen Annette Manger 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 213-32-8951 Mrs. Marlene J. Randolph - Same as #13 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute bronchitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION Pulmonary emphysema 19 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [ 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, E.C.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 27a. I certify that Hook charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from Suicide Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** M.D. Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Removal 1-5-87 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE JULIA DEN JOSE LAS **DHMH - 17** NAME ADDRESS Hulia Dandern Randall Anatomy Board (VR A15 ME (5)) Balto., Md.

STATE OF MARYLAND



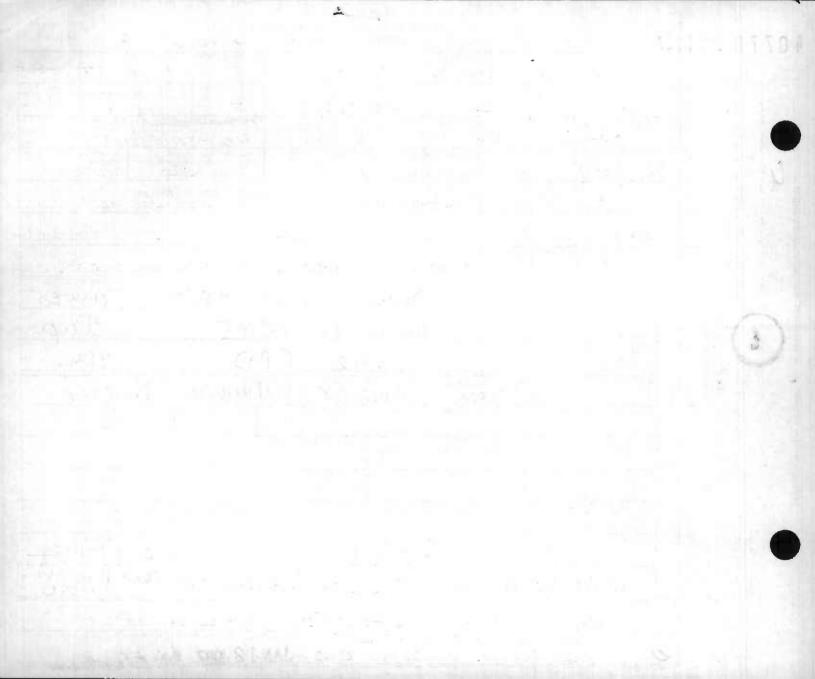
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0		THER'S NAME FIRST Charles	w.	DDLE	Ray	ner		Stella	EN NAW	MIDDLE		obine	
1	()	VAS DECEASED EVER ES, NO OR UNKNOWN) Yes	ED FORCES? WAR OR DATES) 1am		social security no. 17 informant 15-40-1473 Linda C. Dur			Dun	ADDRESS Street, Md. ncan 3426 Thomas Bridge Rd.,				
		IB CAUSE OF DEATH PART I. DEATH W		BY:	line lar (a), (b	ond ici	me	nuy	au	ul		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
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		couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF (c) Turner runs cere of leavel									hours.		
	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  Reveal cell (accurance C described Mulicy (cuty)  196 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS LISED										5	
7	CERTIFICATION	190 DATE OF OPERAT				HICH OPERA				YES NO	YES [		OF DEATH?
7	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	P.,	M. MONTH M.		AR 9		CCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 (	OR PART 2)	
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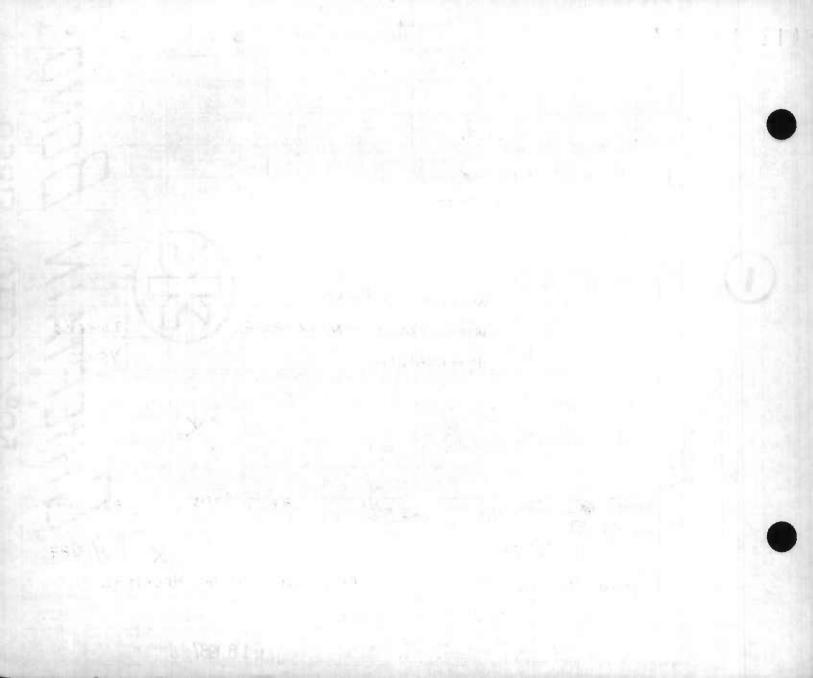
John H. Harkins 600 Main St., Delta, Pa., 1731

DHMH - 16 60M 7/B4 (VRA 15, 4)

7922 Wise Ave. Dundalk, MD

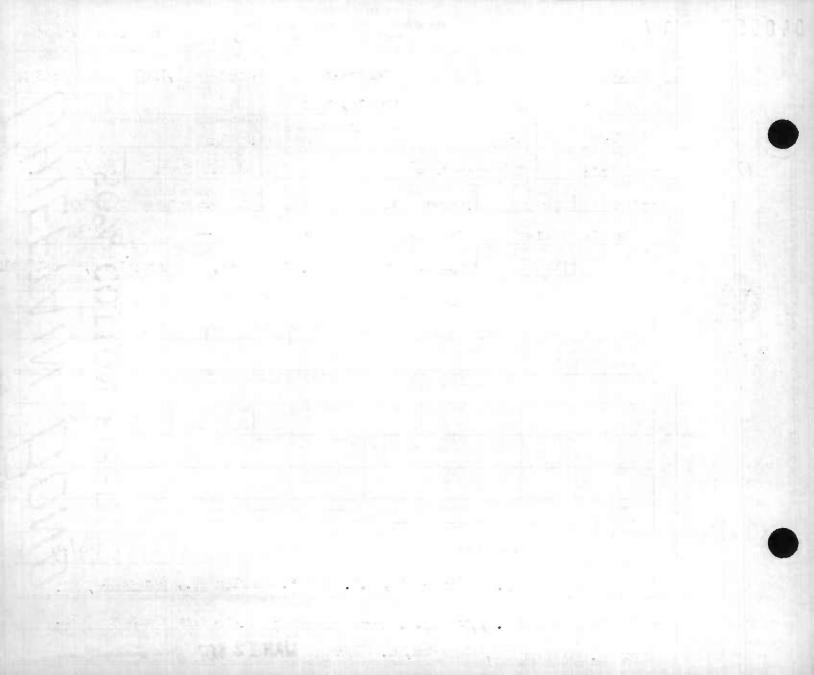
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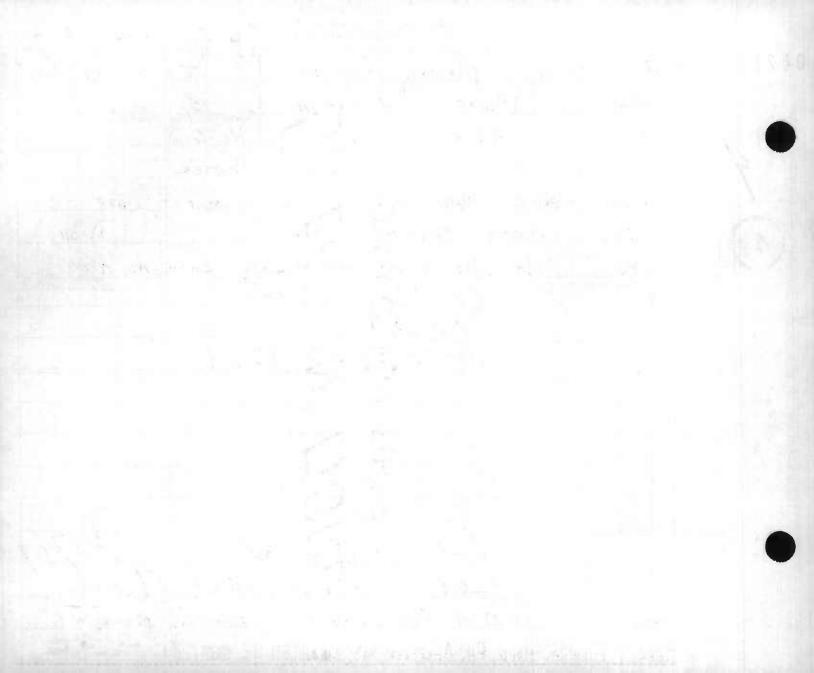
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m 5	I. DE	CEASED NAME FIRST		MIDDLE	ι	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
oy be		Maria	1	Rose	Sar	itagata	January 9	,1987		6:45 AM
and	3 SE	X	4 RACE	21 - 2	S. DATE C		6. AGE (IN YEARS LAST BIR	HDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
rs of	F	emale	White		May	10, 1951 YEAR	35	YRS	JAIS	MOURS MIN.
P & 0	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	11/4
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TANEO	Fo	rest Hill		ster Lane	ADDRESS		Fiscal Cle	erk,		e Govt.
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Lico to to to		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT	ADDRE	ss Md.	21050	)
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<b>新教教</b> 的是		PART I. DEATH WAS CAL	JSED BY: PIATE CAUSE (p)	Gen.	evuli	sed CAR	-CINOMA-	10515		
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mit. T	CERTIFICATION	19a DATE OF OPERATION	19h CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES	WERE FINDIN	IGS LISED
we be be	IFIC						YES NOT	IN CERTIFY	ING CAUSES	OF DEATH?
Hygie 8 sho	ERT	21a, ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCUR		YES YES		NO 🗆
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OR: FHee		22a I certify that (I) (this has sow the deceased alive	on _	10	Dr	d that in (my) (our) opinion (	death occurred on the dr			that (I) (we) lost
ed for		obove, (I) (we) (did) (did 22b, SIGNATURE	not) view the bod	y ofter death.		DEGREE	ocom occurred on the de	ne ond noor c	-	
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TO FUNERA should be d								Balti	more,	Md.
		SURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
·		remation	Jan. 10	1,1987 R.	A.Ferr	is Crematory	W.Chester	Chest		Pa.
H - 16 60M 7/B4		INERAL DIRECTOR		ADDRESS		I BIATZ	E REC'D. BY REGISTRAR	, ,	A	
(VRA 15, 4)	H	loward K. McCo	mas TTT.	Abingdon	Md. Z	21009 PAN	12 1987 4	use Das	idean Par	dass



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRSTBlanche 20 DATE OF DEATH Saunders Rosemonto 1-16-3 SEX 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR MONTH 08 06 TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVERMARRIED Virginia USA WIDOWED DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE! Baker School Bel Air 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Harford Maryland 1502 Westview Court 21014 NO X M FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles McLain Abraham Ellen Jane Montgomery 16b SOCIAL SECURITY NO 17 INFORMANT 21014 Roz. 1502 Westview Court Belair Mo no 227-03-5212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), 161, and ich PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESTON Canditions, if any, which gave rise to immediate cause (a), stating underlying cause INIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES [ 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated IN DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22k ADDRESS should b 73n SURIAL GREMATION, REMOVAL 73h DATE 73r. NAME OF CEMETERY OR CREMATORY 236 LOCATION Jan. 20, 1987 Trinity Lutheran Cem-Joppa Harford Burial 14 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR 27 /98-PREN ANNINS 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR IF UNDER 24 HRS YEAR ALLIATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE HAYRE DE GREACE IS MOTHER'S MAIDEN NAME FMST MIDDLE MIDDLE NASH ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) A BOVE SAME 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ord (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SIREFI CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a L certify that (1) (this hospital) attended the deceased from saw the deceased olive on\_abave, (I) (we) jaid idid nati and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated 226. SIGNATURE DEGREE ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSIC IAN TOTAL 22e ADDRESS 230 BURIAL CREMATION, REMOVAY 23c. NAME OF CEMETERY OR CREMATORY 23b DATE DHMH - 16 60M 7/B4 (VRA 15, 4)



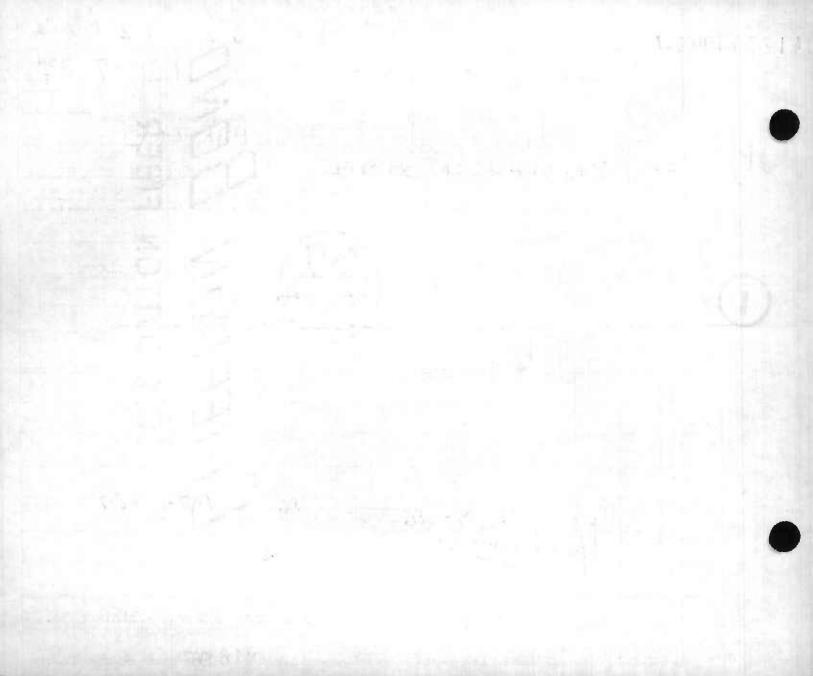
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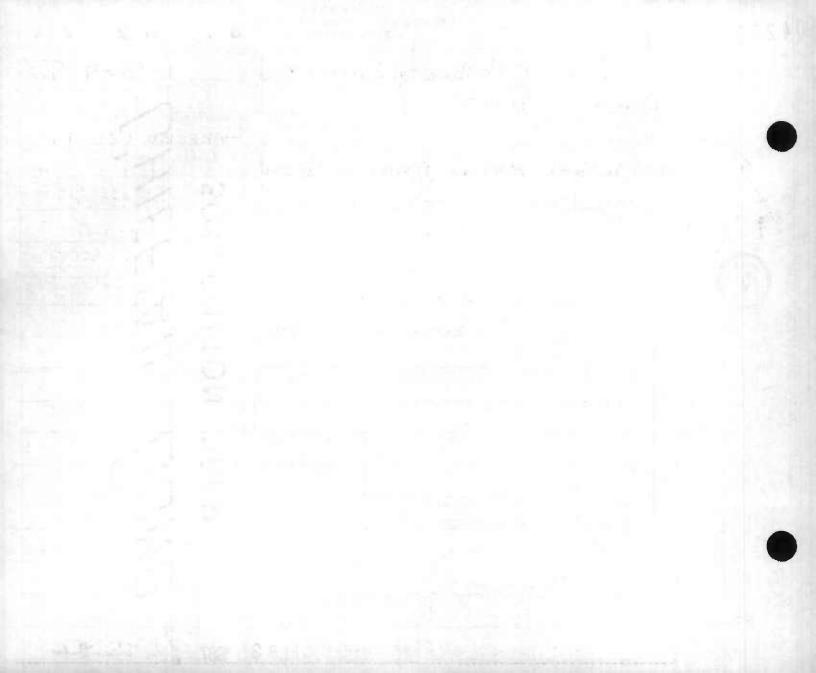
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2ª DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR TYPE OR PRINT Stockwell January 15 1987 Mary 10 A 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 19 1924 Female White Oct. TO BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Harford County U.S.A. Illinois WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 608 Apt. Riley Court Joppatowne Homemaker 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. Harford 608 Apt B Riley Ct. 21085 Joppatowne 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Babich Anton Smolocich Katherine ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT same ( IF YES, GIVE WAR OR DATES) Stanley Stockwell (husband) 56-12-5041 address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20e AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NOT WHILE 27a.1 certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c DATE SIGNED & MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 774 PHYSICIAN'S NAME ITYPE OF PRINTI 22e ADDRESS Schlott Chase St. Dr. 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Libertyville, Lake Ascension Cem. Burial 14 FUNERAL DIRECTOR imunek Funeral Home Inc. DHMH - 16 60M 7/84 9705 Belair Rd., Balto. Md. 21236 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME h HOUR 20. DATE KNOWN (TYPE OR PRINT) OF AND TO HE CUNERAL DIRECTOR.

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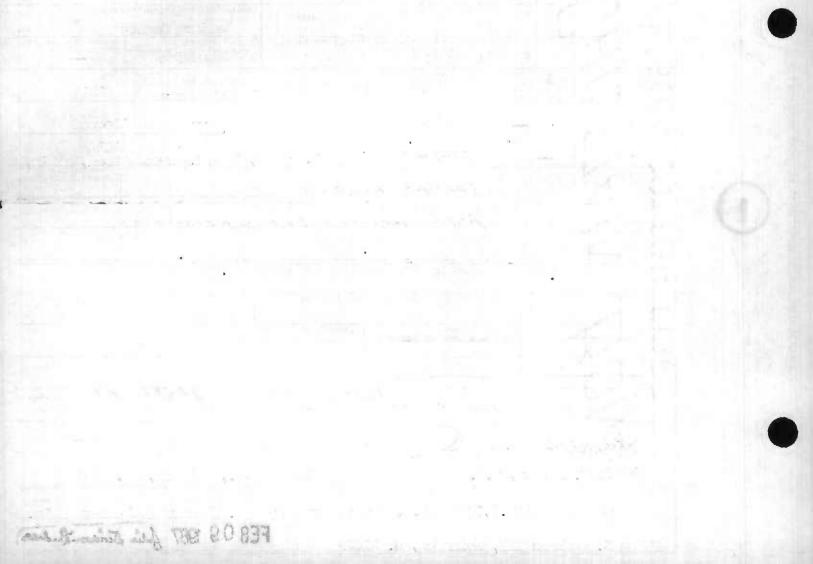
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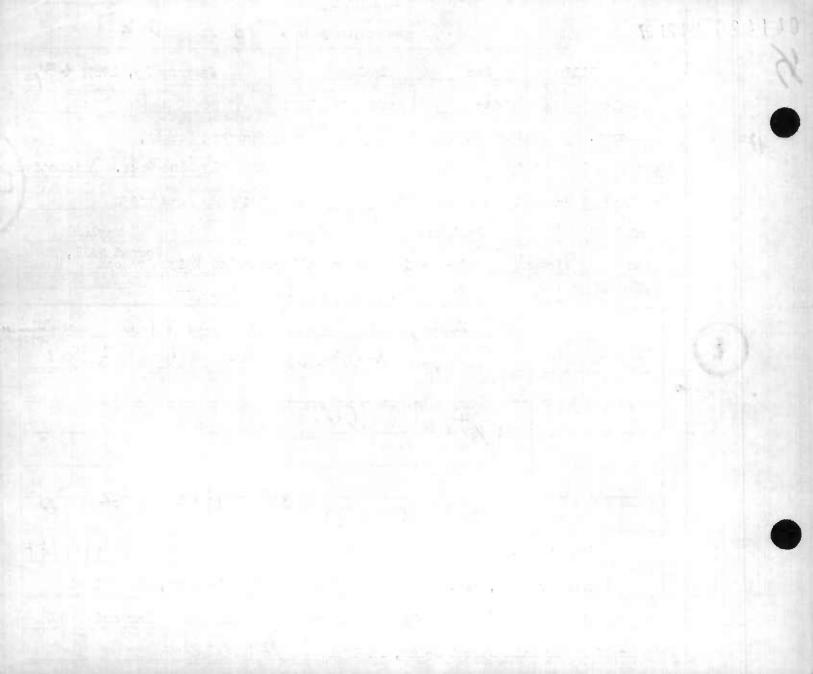
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HOUDS EFILED, WITHIN 72 HOURS. ESTI DEATH MATED DOROTHY Baldwin STREETT 25 19 87 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS SEX 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 6:30 WhitE FEMALE April 4, 1913 73 DEAD 19 87 YRS Th. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) TOTES HILL 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. maryland WIDOWED [ DIVORCED Harford County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY BET Air (21014) HEALLY CATE 108A Seevue Be court Companion 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3a STATE 13h COLINTY 13c CITY OR TOWN 108 A SEEVUE Court Harford Co. BELATE maryland YES X NO [] 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST STREET HANNAH JAMES 17 INFORMAN (NEPHEW) 467-0415 DDRESS NOrth Field Place 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-32-4677 MC Alexander P. Brown Baltimore, Maryand 21210 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARTING THE WORD "
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21201 PRIOR TO BURIAL YES W NO [ 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 1-24- 1987 Subject fell. TIE PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 11 LOCATION STREET, FACTORY, FARM, ETC.) Court CITY OR TOWN COUNTY STATE WHILE NOT WHILE 108A Seevue Pd. Harford MD Autopey X 27a I certify that Inspection and in my apinion EXECUTE IN PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH AFTER DEATH WITH death resulted form Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 1-26-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 ADDRESS 730. BURIAL, CREMATION, REMOVAL 736, DATE 73r NAME OF CEMETERY OR CREMATORY BuriAl JAN. 29, 1987 Rock Spring Episc Cemetery Forest Hill, Harford Co. Maryland 21050 07/84 25M 24 FUNERAL DIRECTOR AIM TOSTET 50 W. Broadway & Williams Sty 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** merical men BET Arr. Maryhard 21014 (VR A15 ME (5))



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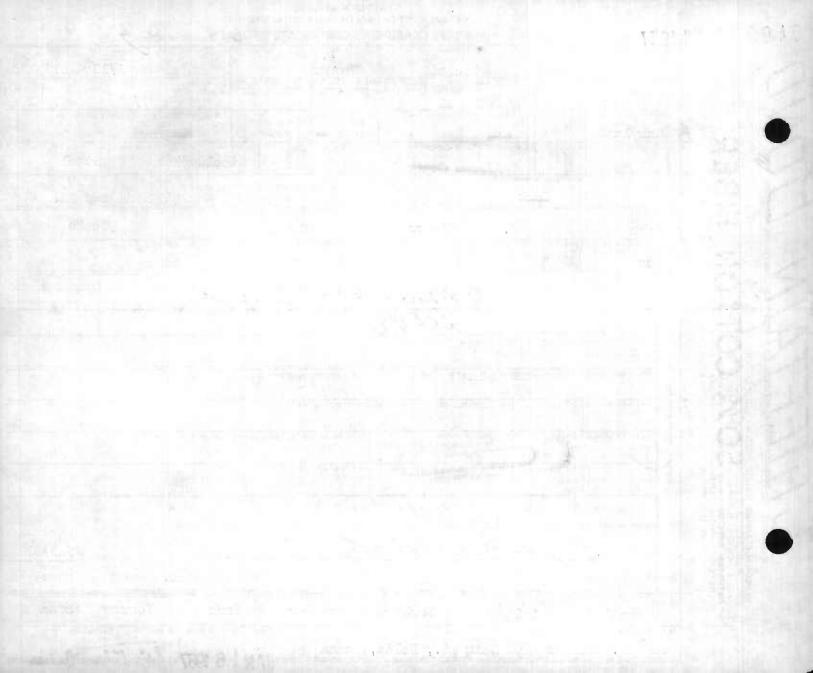




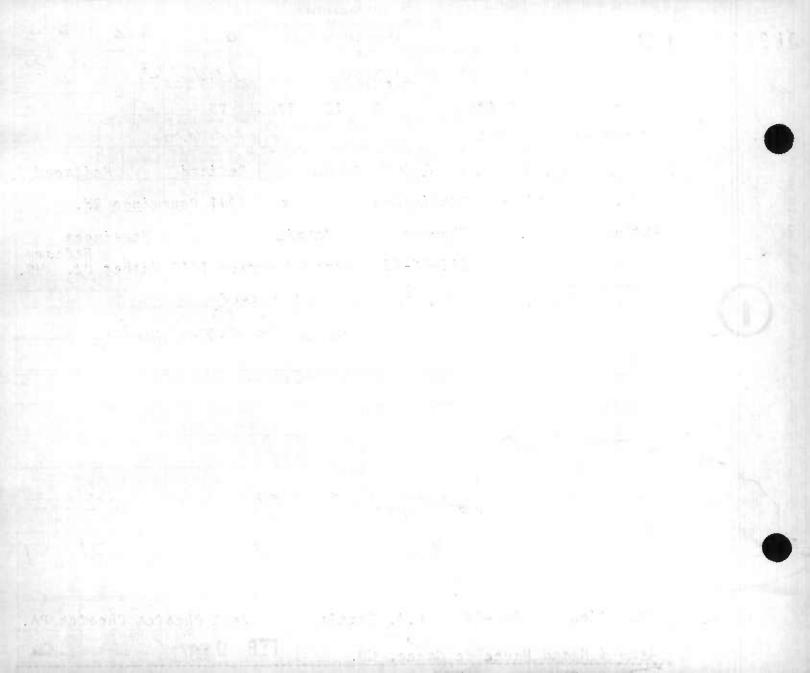
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0932 JAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 200 a<sub>M</sub> OF ESTI-DEATH MATED 1987 Michael Thomas Frank S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 00 2 am DEAD 1/13 1987 07 64 YRS TO BIRTHPLACE (STATE OR THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland WIDOWED & DIVORCED Harford USA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS) Steel Steelworker Pallston Fallston General Hospital HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA la STATE York 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO XX RD#3 Box 347A Hillton Rd Delta FATHER'S NAME 15. MOTHER'S MAIDEN NAME E. Maryann MIDDLE Temko John Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) Yes WW 214 18 2068 John Thomas (son) same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION INER: ITING THE WORLD FOOTBY TO THE CHIEF ME FOOTBY TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEAT THE STATE DEPARTMENT OF HEAT THE STATE DEPARTMENT OF BURIAL CO. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion death resulted from: Homicide Notural causes Suicide Undetermined monner TO MEDICAL EXAM EXECUTE THE CERTIFE PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL TITLE (SPECIFY) ACTUAL 1/13/87 DATE Deputy SIGNATURE -MEDICAL EXAMINER 464 Alliance St. Havre De Grace, MD EXAMINER'S NAME (TYPE OR PRINT) Renie1 **ADDRESS** 23c NAME OF CEMETERY OR CREMATORY
Yorktowne Crematory 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Yorkeounty Penna TOTRWN Cremation 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAN JSB REGISTRAR'S SIGNATURE DHMH 600 Main St., Delta, Penna John H. Harkins (VR A15 ME (5))

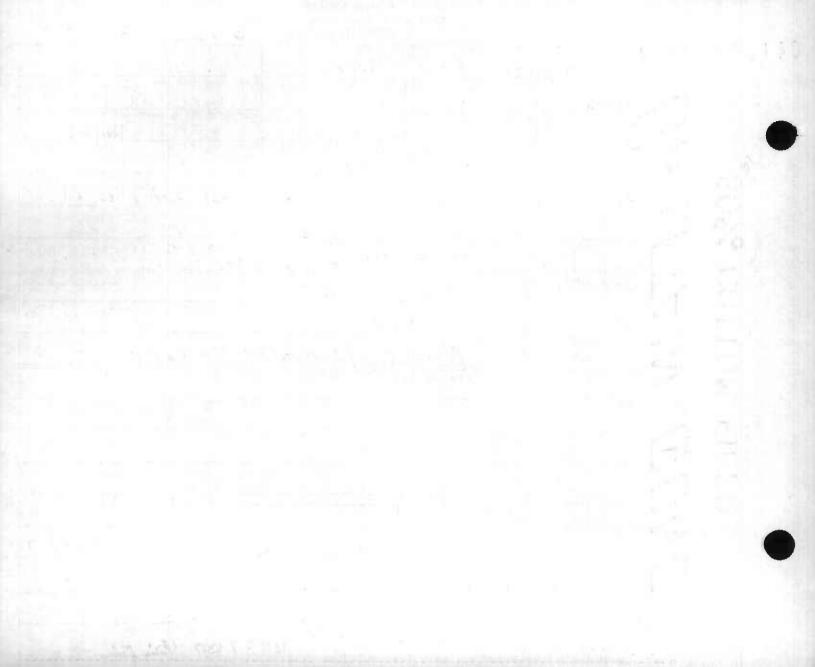


				STATE OF MARYLAND		
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Funeral Home Rising Sun, MD

(VRA 15, 4)



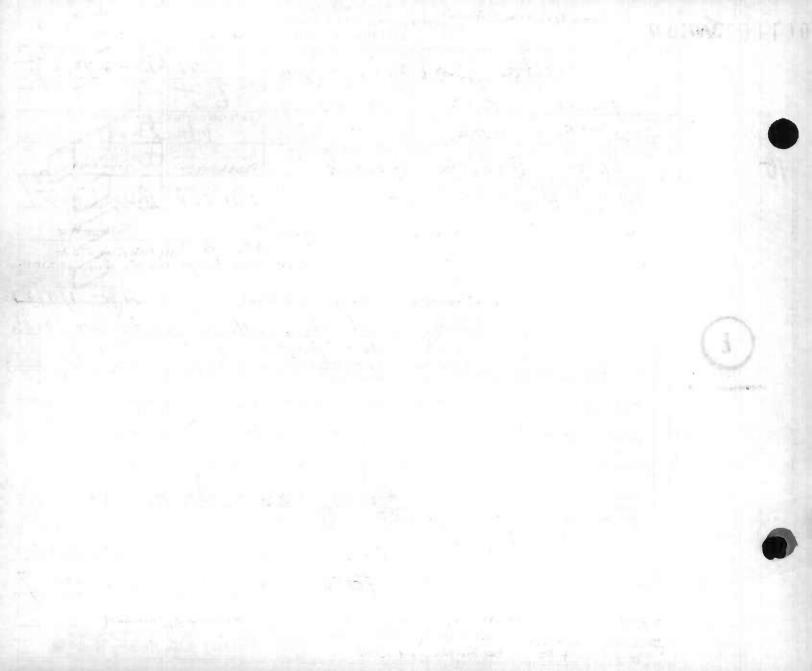




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2a DATE OF DEATH 2b. HOUR TYPE OR PRINTS FRANCES D. VALLE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX June 6 Female White TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. COUNTY WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION HOMEMAKER 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore BALTIMORE 6 AIRWAY CIRCLE APT. 1A 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME 21204 GAETANO LaPONZINA FRANCESCA LOMBARDO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Baldwin Md. 213-05-0282 PAUL VALLE (SON) 9 PALMWAY COURT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Canditions, if ony, which gave rise to immediate couse (a), stating underlying cause ASE OR CONDITION GIVEN IN PART Ita HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH HE EITHER NOTHEY MEDICAL EXAMINER 711 LOCATION 71d INJURY OCCURRED TIM PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORS OFFICE FARM FICE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive an\_ opinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS eal Examor 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL BURIAL Baltimore STATE 2/4/87 Dulaney Valley Md. 24 FUNERAS CELEVIONEK FUNERAL HOME, INC. REGISTRAR 256 R GISTRAR S. SIGNATURE DHMH - 16 60M 7/B4 9705 Belair Rd., Balto. Md. 21236 (VRA 15, 4)

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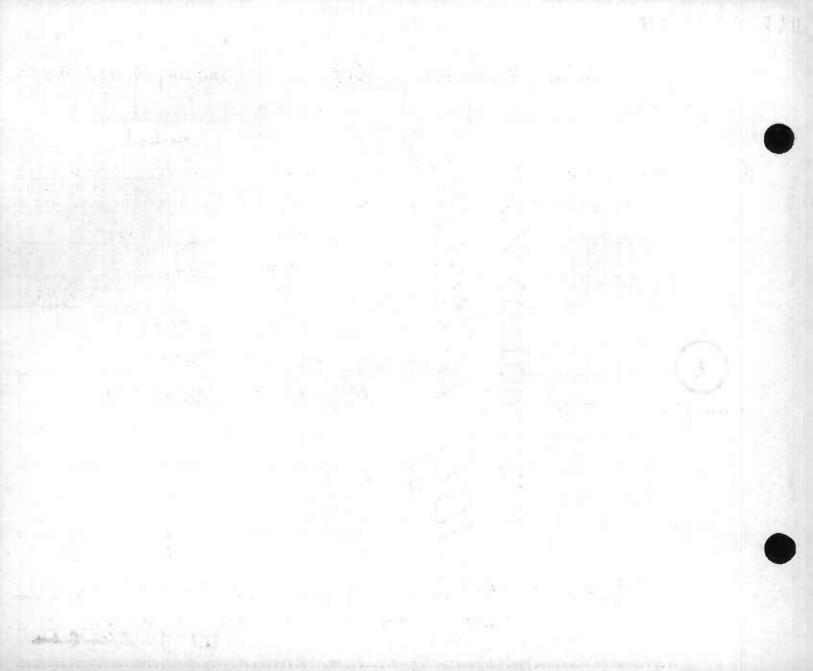
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10 W. Padonia RD.

Martin D. Lawson,

(VRA 15, 4)



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8 10 P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH
leoth.	1 ./	PRTH CAROLINA	U.S.A.	WIDOW				Hartord MD.
with we have	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME ( E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI		26 KIND OF BUSINESS OR NOUSTRY
54 à 19 (80/c	116	wer de Grace	Hartord Me	Horal	Losp	HOMEMAKER		HOME
hour thou	13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN			1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
, BALTIMORE, MARYLAND  vecured within 24  medical and completely filled  entering so ond 2 should  ent, the medical acomine from the		Md. Ha	rford Hauve	de Grac	YES NO NO	313 Ko	DIN How	d 21078
within within	14 F/	ATHER'S NAME	MIDDLE , LA	.51	15. MOTHER'S MAIDEN N	AME		D LAST
W Do de la		CHARLES		ELL	STOUF	UNK	Description (	BROKS
xecund coges		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	L SECURITY NO.	17 INFORMANT	ADDRE		
MIT B		No	206-1	2-0331	SHELBY TAIR, 408	3 MARKET ST., HA	VRE DE GE	
BAI A PAI		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a),	(b) and icy	_			SETWEEN ONSET AND DEATH
TS \			TE CAUSE (o)	KOKE				
NO SHOW			DUE TO, OR AS A CON	ISEQUENCE OF				
debra		Conditions, if ony, which	(b)					
. PR	150	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF		M. ALEIN		
1 W		underlying couse lost	(6)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  ING PHYSICIAN. The low requires that the debt r offending physicion. Wher this certificate has been signed by the otten- os the buriol-transit permit. Then please remove a cun- th and Mental Hygiene prior to buriol, cremation, orked or flem 18 shows any injury, or other traumatic ex-		PART 2 OTHER SIGNIFICANT	9 NOITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	V PART 110
RDS on sign The	CERTIFICATION	Chionic Di	8 tructine	Lung :	Plistare			
ECO ow	S S	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OFERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED
NI R he le hos t per ene ows	E		M Physial Disc			YES NO	YES [	G CAUSES OF DEATH?
N. T nysici consi Hygy Hygsh 18 sh	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	U SAV VEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)
SICIAL Physical Physi	4	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR				
HYS Iding Buring Or H	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			
VISI G Pl er # ond s the	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE FARM, ETC )	STREET	CITY OR 10	NN	COUNTY STATE
D Aft of the more more and the		220 I certify that (I) (this hospi	tol) ottended the deceased	from 12 -	24 10.86	to JAP	15 10 8	, that (I) (we) last
TEN TO R O O O O O O O O O O O O O O O O O O		saw the deceased alive on	Jan 15	died .	nd that in (my) (aur) apinio	n death occurred on the do	ate and hour and	1
R AT Hosp Ped f		obove, (I) (we) (did) (did no	t) view the body after death.		DEGREE			22c. DATE SIGNED
O 9 0 0 5		Letinia /Un	0. /	N	ATTENDING	MEDICAL STAF		1-11-87
PITA by Store ANT	1	22d. PHYSICIAN'S N. ME III III	a releas)	7-0	PHYSICIAN  22e ADDRESS	DIRECTOR PHYSIC	IAN	1100
O HOSPITAL  TO FUNERAL  Should be det  with the Stote								
TO HOSP reformed TO FUNI should bit with the	22- 4	DUDIAL CREMATION PENGIN	1224 0.475	192. 514.45.05	TANETED A OD COO	. In the second		
0.0		BURIAL, CREMATION, REMOVAL	23b. DATE	ISC NAME OF	EMETERY OR CREMATORY	CITY OR TOWN		UNITY STATE
BP	24 51	DURIAL	17 JANUARY 1987	HOLLY		NS MIDDLE RIVER		ORE MARYLAND
DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADD ADD	DRESS		ATE REC'D. BY REGISTRAR	ZSD REGISTRAR'S	S SIGNATURE
(VRA 15, 4)	1 1 A	RPING FINERALDO	ME PA AREADE	EN NO. 71	001-3399	4	-	



## CATHERINE ELIZABETH WILLICK January 15. 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY oct. 8, 1916 Female White To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Harford County USA WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Edgewood Nuttal Avenue Housewife 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Harford Edgewood 1805 Nuttal Ave. NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Anna Henry Albert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESMG. 21040 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Charles J. Willick, 1805 Nuttal Ave, Edgewood 214-18-7465 no It CAUSE OF DEATH (Enter only one cause per Mightor (a), (b), as PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF Hygid 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN NOI WHILE 22a. I certify that (I) (this haspital) attended the deceased from... sow the deceased plive on\_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be

236 DATE

Howard K. McComas III, Abingdon, Md. 21009

Jan. 17, 1987

- STATE

PE OR PRINT

REGISTRAR I. DECEASED NAME

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

Bel Air Memorial Gardens

20 DATE OF DEATH MONTH

Bel Air

26 HOUR

126 KIND OF BUSINESS OR

21040

RETWEEN ONSET AND DEATH

NO [

1:30 Am

1987

IF UNDER 1 YEAR

INDUSTRY

Sadler

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22c DATE SIGNED

Harford

1-15-87



STATE OF MARYLAND	STATE OF MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	2	1	7	
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-	1.	REGISTRAR				CERTIF	ICATE OF DEA	ГН	B REG.	NO.	6	644	
Lb			RST	~	IDDLE		ASI		20. DATE OF DEATH		DAY YEAR	2b HOUR	
	11094	DI HINT	HN	B	duo	u	450 NG	- 11	JANUARY	28,	1981	515 A	M
М	3. SEX			RACE	- 1 - 7	5 DATE C	OF BIRTH		AGE IN YEARS LAST E		IF UNDER 1 YEAR		25
		MALE		WHI	TE	JAN		3	84	YRS	MONINS DATS	HOURS MI	Ν.
2		RTHPLACE ISTATE OFFORM	CA. 1	b CITIZEN OF V	VHAT COUNTRY?	8	D NEVER MARE		BALTIMORE CITY		TY OF DEATH		
		TARYLAND		4.5	. A.	WIDOWE		CED T	HARF	ned			MD.
2		TY OR TOWN OF DEATH	1	1. NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUT	ION	120 USUAL OCCUPA			OF BUSINESS C	
	DA	PRLINGTON .		2001 G	LENVILL	E.	ROAD		CIVIL ENGIA		1116	or'T.	
		AL RESIDENCE (IF HUMBING)	COUNT		134 CITY OR TOW	/N	134 INSIDE CITY L	IMITS?	13e.STREET, ADDRESS	ZIP CO			
)	MA	RYLAND IT	ARFO	RD	DARLINGT	TON			2001 GLENVI	US RO	SAD/210.	34	
2	H. FA	THER 5 NAME	M	IDDLE	LAST	5.03	15 MOTHER'S MA	IDEN NAM	MIDDLE .		- 1A	51	
U		ZOHN	2	LUCK	WYSON	G	ELL	A			GR	MES	
1		VAS DECEASED EVER IN L		WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADD				
£.	-	No	N	A	212-18-99	26	MARTHA A	WYSO	NG, SAME	AS AB			
		18 CAUSE OF DEATH IE PART I. DEATH WAS	nter anly	ane cause per	line far Idi, (b), an	did	0				BETWEEN	ONSET AND DEAT	н
3				CAUSE (a)	July 1	WISC	un	SI					_
9.		HISTORY OF THE		DUE TO, OR	AS ACCINSTAN	ENCE OF	1.1	.10					
		Canditians, if any, wh gave rise to immedi	nich	(b)	0-00	000	Huro.	105					_
		cause (a), stating		DUE TO, OR	AS A CONSEOU	ENCE OF							
H				(c)									_
	Z.	PART 2. OTHER SIGNIF		MMM)	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PART 1	a	
3	FICATION	ME DATE OF OPERATION		0,	ION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		ES, WERE FINDI		_
7	THE L								YES T NOT		TIFYING CAUSE!	S OF DEATH?	
5	CERT	210. ACCIDENT WAS UNDERLY	ING	216 TIME OF			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN			ب ۱۰۰	_
2	12.0	OR CONTRIBUTING CAUS		HOUR A.A	a. MONTH D	AY YEAR							
	MEDICAL	214 PAJURY OCCURRED	VAMILAERI	21e PLACE C	OF INJURY		211 LOCATION				COUNTY	STATE	_
4	ž	WHILE NOT WHILE		(AT HOME STRE	ET, FACTORY OFFICE I	FARM ETC)	STREET		CITY OR	IOWN	COUNTY	STATE	
		220.1 certify that (I) (this	s haspita	arrended the	deceased fram_	10	in	9. 17	10 Jas	~ 2	1907	that (II (we) le	ast
		saw the deceased a above, (1) (we) (did)	live an_	you the hady	19_	£ . 01	nd that in (my) (aur	apinian d	eath accurred an the	date and h	,		
		THE MATURE	7	4	1014	1	DEGREE	10.14			77LD KTE	SIGNED	
		Hange	41	Maria	win	n	ATTEN	IDING CIAN'	MEDICAL ST.	AFF ICIAN	1/2	8187	1
		HYSICIAN'S NAME	[TYPE OR	PRINT)			22 ADDRESS	1		u al		201	
		(B)		(no)	VARU	6	MALANM	ar (	Jume !	14h	. 410.	1	
		URIAL, CREMATION, REM	AOVAL	23b DATE	230		EMETERY OR CREM	ATORY	236 LOCATION	0	COUNTY	) STATE	
		MOYAL CREMATIO	N	1/29/8	7 Kit	4. FELR	5 & Co.		WEST CHES	TER C	HESTER, +	ENNA.	
	24 FU	INERAL DIRECTOR	,1	111	ADDRESS		The state of	250. DATE	EB 2 REGISTRA	RIZSB. REGI	STRAR'S SIGNA	URE 2	-
	IAC	PING HUNERALY	TOMB	. P. H. AB	ERMEN, M	10. 21	001-3399		150	8	- Dove	- Ac. Marca	

DHMH - 16 60M 7/8 (VRA 15, 4)

	STATE OF MARYLAND $60-56-18$											
10071 11111	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
4 U b / 4 JAN 1	18.	REGISTRAR					AST DEATH		REG. N		7	
• w <del>t</del>		CEASED NAME	FIRST -	10	MIDDLE	-	7/11/	20	DATE OF DEATH	MONTH 1	DAY YEAR	26 HOUR
nay be page 3	3. SE	, V	110	L DACE	LEO	& DATE C	LYNEC	4	AGE LIN YEARS LAST BIR	THOAY	IF UNDER 1 YE	AR IF UNDER 24 HRS
lor. p	Male			White Feb.			27,1915 YEAR 71			THEAT	MONIHS DA	
direct direct		IRTHPLACE (STATE ORFO	OREIGN	25 CITIZEN OF WHAT COUNTRY? 8			9 BALTIMORE CITY OR COL			YRS.	Y OF DEATH	
72 th		ennsylvania		TICA			NEVER MARRIED				1	
and the bar	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME C			OR OTHER INSTITUTION 120 USUAL OCCUPATION					D OF BUSINESS OR
= 481 10 10 2	1	-AlleTan		FAILS TON FENERADDRESS			1 Hosp. Meat Cutt					
A STATE OF THE STA	<del>USU</del>	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	41 1100					
ND 21	M	aryland	Har	ford	Bel Air	N	13d. INSIDE CITY LIM	Alts?	STREET ADDRESS	rthur	Court	21014
TLA	14. FATHER'S NAME				LAST		15. MOTHER'S MAID	ENNAME				
MAR bond		Joseph		MIDDLE	Zynel		Elizabeth Patricia				Gorski	
Necuti		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) YES (IF YES, GIVE		MED FORCES?	166 SOCIAL SECURITY NO. 182-16-5894		17 INFORMANT		ADDRI	ss Bel	Air,	Md. 21014
IMO Poge exe				WII			Patricia	A. Zy	mel, 501	King	Arthur	c Court
BALI Well-		18 CAUSE OF DEATH	1 Enter an	lly ane cause per	r line for (d), (b), and	LICILI A	2 100	00	c		APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
ST.,		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE 10) WRD IAC ARREST										
PRESTON ST he death cert he attending! he attended mailan, by refraumation, by refraint		DUE TO, OR AS A CANSEQUENCE OF										
RES dec dec nove		Canditians, if any, which gave rise to immediate										
W. P	couse (a), stating the underlying couse last.  Due to, or as appressionence of Heart du									1,		
201 ss the sed b pleas priol,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
during against sign from to bu	Z	PART 2. OTHER SIGNAL CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101										
DIVISION OF VITAL RECORDS, INC. PHESICAN. The law requirements physican. With the control of the buildings is permit. Then the buildings is permit. Then the buildings is permit. The buildings is permit. The buildings is permit.	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?								
A Pass	I E								YES NO		ES []	NO [
VIII.	Ü	210. ACCIDENT WAS UND	_		OF INJURY	Y YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART	2)
NO PORTO	18	(IF EITHER NOTIFY MEDIC	AL EXAMINER		м.	19				The state of		
NOIS THE TAY OF	MEDICAL	21d INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC )	211. LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
DIVI P P P P P P P P P P P P P P P P P P P	1	AT WORK NOT WHI	K				1,	69	1/19		Prog	
220.1 certify that (I) (this haspital) attended the deceased fram 19 19 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19												that (1) (we) last
ATT SECTO		abave, (I) (we) (d	id) (did na	t) view the bady	alter death.	,	DEGREE	apinian aed	ith accurred an the d	are and hau	and from t	the causes stated
8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4		Dest	niv	mme	f. Ann	1-	ATTEND	DING N	MEDICAL STA		17	12-150
AND SERVE		226 PHYSICIAN'S NA	ME (TYPE C	R PRINT)	prairie		PHYSIC 22e ADDRESS	CIAN INTE	DIRECTOR   PHYSIC	IAN [	1611	-/0/
55 55 6 V		DANTA		MON	AKII.		HMR	e D	e Grac	9	Mel	21070
5 5 5 7 3/	23a	BURIAL, CREMATION, I	REMOVAL			AME OF C	EMETERY OR CREMA	ATORY	23d LOCATION			6,0,
BP		Burial		Jan.14			Memorial		ens. Bel A	ir H	larfor	d Md.
DHMH - 16 60M 7/84	24 F	INFRAL DIRECTOR				140 110	2	250. DATE R		25b. REGIST	TRAR'S SIGN	VATURE -
(VRA 15, 4)		Howard K. N	1cCom	as III,	Abingaon	, IMO.	21009	JAN	1 3 1987	Julia	Dindir	n-Kaidakla

T 1378 18762/k)